

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____ WELL ID _____
 Original Record Correction Change in Well Use

LOCATION OF WATER WELL

| | | | | | | | | | | | | | | |
|----------|--|-----------|--|---------|--|----------|--|-------|--|--------|----------|---|---|---|
| Latitude | | Longitude | | Section | | Township | | Range | | E W | Fraction | ¼ | ¼ | ¼ |
| Datum | | Elevation | | County | | | | | | | | | | |

WATER WELL OWNER

| | |
|---|--|
| Name | |
| Business | |
| Address | |
| Well location at owner's address | |

WELL WATER USE

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COMPLETION

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|---|
| Depth of completed well: _____ ft. |
| Depth(s) groundwater encountered: (1) _____ ft.; (2) _____ ft.; (3) _____ ft.; (4) dry well |
| Static water level in well: _____ ft. measured below land surface on (mm/dd/yy): _____ measured above land surface on (mm/dd/yy): _____ |
| Estimated yield: _____ gpm |
| Water level was: _____ ft. after _____ hours pumping _____ gpm |
| Pump installed? Yes No |
| Water well disinfected? Yes No |
| Date disinfected (mm/dd/yy): _____ |
| Aquifer, if known: |

NEAREST SOURCE OF POTENTIAL CONTAMINATION

| |
|---|
| Source: _____ |
| Distance from well: _____ Direction from well: _____ |
| Source description: _____ |
| Source: _____ |
| Distance from well: _____ Direction from well: _____ |
| Source description: _____ |
| No potential source of contamination within 100 feet. |

CONSTRUCTION

| | |
|--|---------------------------------|
| Borehole interval: from _____ to _____ ft. | Borehole diameter: _____ in. |
| from _____ to _____ ft. | _____ in. |
| Casing height above land surface: _____ in. | |
| If casing height is less than 12 in. has a variance been approved?* Yes No | |
| *variance not required for monitoring or environmental remediation wells | |
| Casing type: _____ | |
| Blank casing interval: _____ ft. to _____ ft. | |
| Blank casing diameter: _____ in. | |
| Casing joints: _____ | |
| Weight: _____ lbs/ft. | |
| Wall thickness or gauge no.: _____ | |
| Blank casing interval: _____ ft. to _____ ft. | |
| Blank casing diameter: _____ in. | |
| Casing joints: _____ | |
| Weight: _____ lbs/ft. | |
| Wall thickness or gauge no.: _____ | |
| Grout interval: _____ ft. to _____ ft. | |
| Grout material: _____ | |
| Grout interval: _____ ft. to _____ ft. | |
| Grout material: _____ | |
| Screen / perforation material: _____ | |
| Screen / perforation openings: _____ | |
| Screen / perforation intervals: From _____ ft. to _____ ft. | |
| Slot size _____ unit _____ | |
| From _____ ft. to _____ ft. | |
| Slot size _____ unit _____ | |
| Gravel pack intervals: Gravel pack not used: Gravel size _____ in | |
| From _____ ft. to _____ ft. | |
| Gravel pack not used: Gravel size _____ in | |
| From _____ ft. to _____ ft. | |

PERMIT & ID NUMBERS (AS REQUIRED)

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|---|
| DWR Application No.: _____ |
| KDHE / EPA Project Code: _____ |
| Site Name: _____ |
| KDHE UIC Class V Form Completed: Yes No |
| County Permit: Yes No Permit ID: _____ |
| Lease Name & Well #: _____ |
| # of boreholes: _____ # of dewatering wells: _____ |

LITHOLOGIC LOG

| FROM | TO | LITHOLOGY INTERVALS |
|------|----|---------------------|
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COMMENTS

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CONTRACTOR'S OR LANDOWNERS CERTIFICATION

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|---|
| This water well was constructed reconstructed pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: _____. |
|---|

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

NOTE: Figures exhibited within this report are only to be used within the context of this report. Placement of property lines, wells, structures, and roads is based on the available information from county appraiser maps, surveys, site visits, and/or previous vendor reports and should be considered approximate.

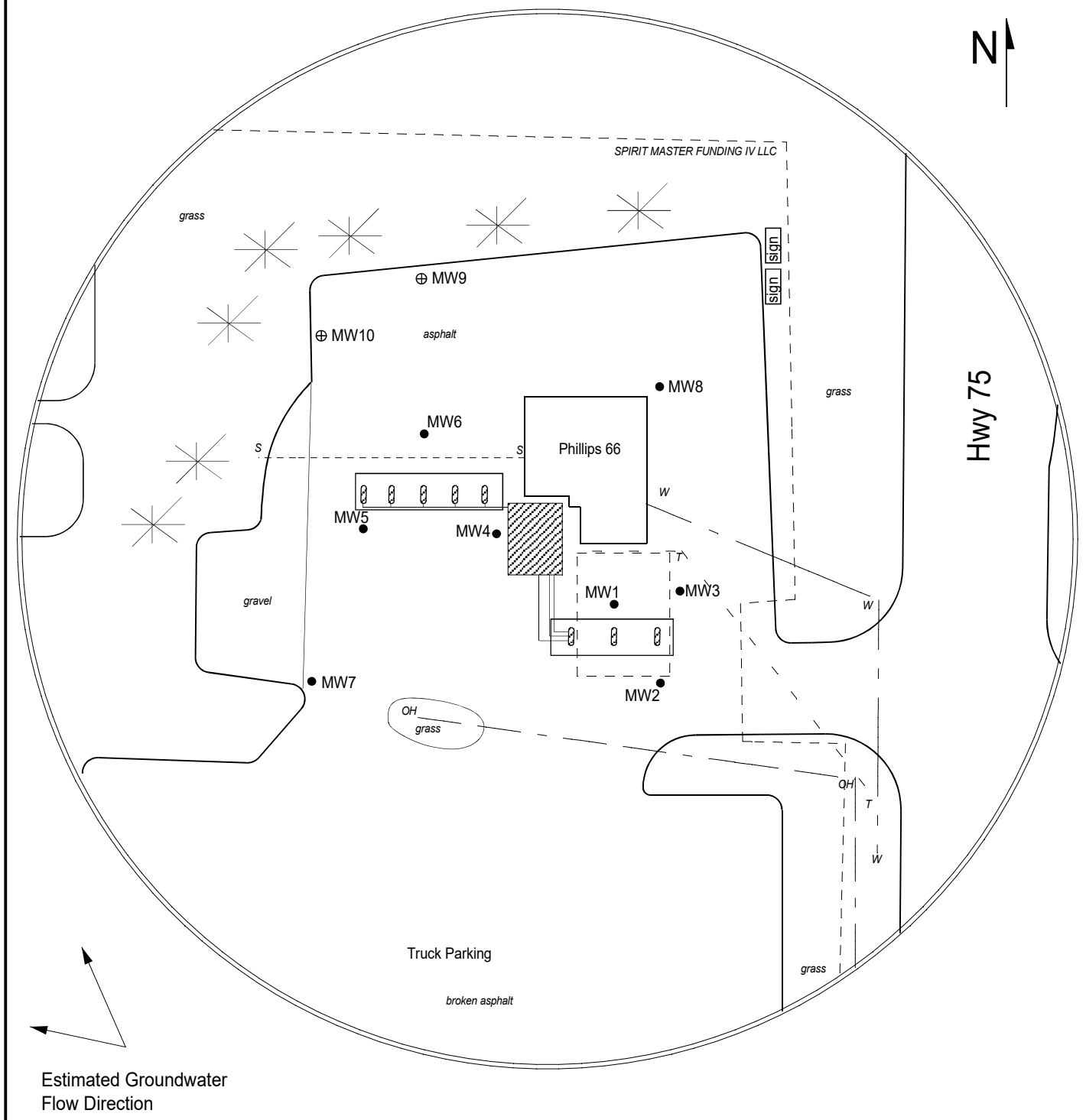


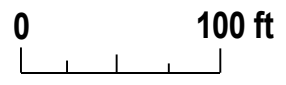
FIGURE 2.1 - 350 FT RADIUS AREA BASE MAP



PROJECT:
 Total Truck Stop
 2754 U.S Hwy 75,
 Lebo, KS
 KDHE ID: U3-016-12135
 Date: 3/6/24

- LEGEND:**
- Approximate Location of Active UST Basin, Product Lines & Pump Islands
 - Approximate Area of Old Release
 - Approximate Location of Property Line
 - Existing Monitoring Well
 - Proposed Monitoring Well
 - Sewer Lines (2 - 6 ft bgs)
 - Overhead Lines (25'-40' high)
 - Telephone (2 - 6 ft bgs)
 - Water Lines (1.5 - 3 ft bgs)

1311 E 25th St. Suite B 785-841-8707 office
 Lawrence, KS 66046



NOTE: Utility depths, heights and locations are approximate.

DENNIS L HANDKE

1820 NW 59th Terrace
TOPEKA, KANSAS 66618
785-286-4047 Home

Jess Chapman
Larsen & Associates
1311 E. 25th Street, Suite B
Lawrence, Kansas, 66046

November 4, 2024

RE: Monitor Well Elevation Survey
2754 U.S. Hwy 75, Lebo, Kansas

Proj. 24-00TT
Total Truck Stop
U3-016-12135

Bench Mark: Square cut on South end of center pump island on south side of the building at the job site.

Elev: 1121.34 North 2693.00 West 166.43 (from SE Cor. Sec. 3-19-15E)

| | | | | | |
|-------|----------|---------|-------|---------|-------------------------------|
| MW-9 | rim | 1119.73 | North | 2937.69 | SW1/4,SE1/4,SE1/4,NE1/4 |
| | top pipe | 1119.22 | West | 292.28 | Lat= 38.42763 Long = 95.72989 |
| MW-10 | rim | 1119.20 | North | 2901.82 | SW1/4,SE1/4,SE1/4,NE1/4 |
| | top pipe | 1118.98 | West | 359.12 | Lat= 38.42753 Long = 95.73012 |

Lat & Long derived from Waverly NW 7.5 quad map. WGS84.

Elevation established from existing project. NAVD 88

If you have any questions, please feel free to call me. Thank you for the opportunity to be of service to you.

