

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

COMPLETION

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)

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

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

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.

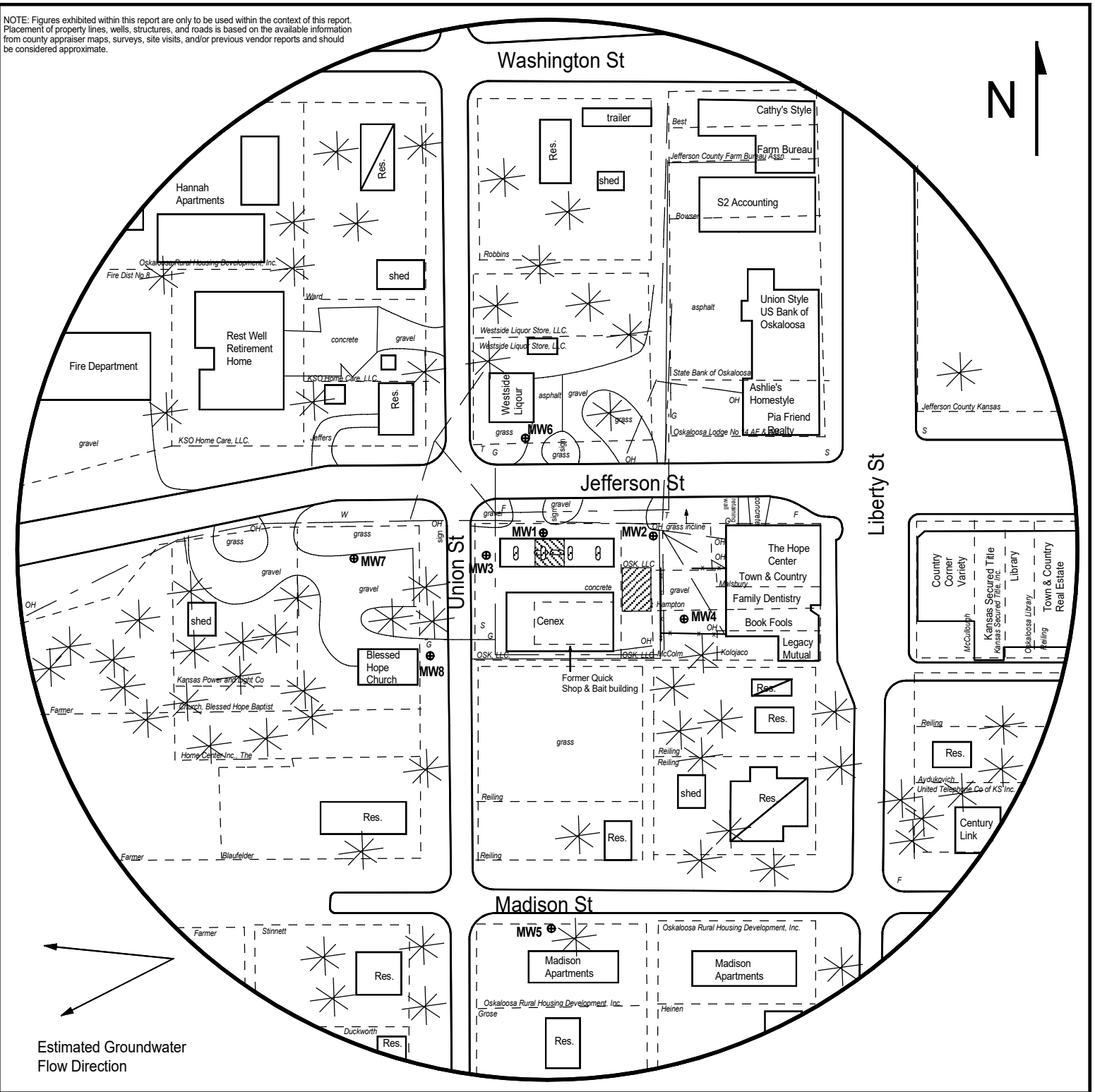


FIGURE 2 - 500 FT RADIUS AREA BASE MAP

LEGEND:

- Approximate Location of Active UST Basin and Pump Island
- Approximate Location of Former UST Basin and Pump Island
- Building with Basement
- Proposed Monitoring Well
- Proposed Soil Boring
- Tree/Shrub
- Fire Hydrant

- OH ————— Overhead Lines (25-40 ft high)
- S ————— Sewer (2 - 6 ft BGS)
- W ————— Water (2 - 6 ft BGS)
- G ————— Gas (2 - 6 ft BGS)
- T ————— Telephone (2 - 6 ft BGS)

NOTE: Utility depths, heights and locations are approximate.
NOTE: SB5 & SB6 will be drilled to collect hydrological samples.



1311 E 25th St., Suite B,
Lawrence, KS 66046
Office: (785) 841-8707

PROJECT:

Route 92 Quick Shop & Bait (OSK LLC)
409 Jefferson Street,
Oskaloosa, KS
KDHE ID: U4-044-15614
Date: 9/11/24



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

October 26, 2024

RE: Monitor Well Elevation Survey
409 Jefferson St., Oskaloosa, Kansas

Proj. 24-00SS
Route 92 Quick Shop & Bait
KDHE ID U4-044-15614

Bench Mark: Chisled X on top SE bolt of concrete sign base North of the building.
Elev: 1100.00 North 5050.89 West 1311.35 (from SE Cor. Sec. 5-10-19E)

MW-1	rim	1098.12	North	5034.18	NE1/4,NE1/4,NW1/4,NE1/4
	top pipe	1097.62	West	1320.50	Lat = 39.21535 Long = 95.31545
MW-2	rim	1101.24	North	5033.72	NW1/4,NW1/4,NE1/4,NE1/4
	top pipe	1100.74	West	1217.41	Lat = 39.21535 Long = 95.31509
MW-3	rim	1095.85	North	5015.32	NE1/4,NE1/4,NW1/4,NE1/4
	top pipe	1095.43	West	1373.56	Lat = 39.21529 Long = 95.31564
MW-4	rim	1101.05	North	4949.27	NW1/4,NW1/4,NE1/4,NE1/4
	top pipe	1100.42	West	1186.90	Lat = 39.21511 Long = 95.31498
MW-5	rim	1113.89	North	4669.97	SW1/4,NW1/4,NE1/4,NE1/4
	top pipe	1113.55	West	1318.15	Lat = 39.21435 Long = 95.31545
MW-6	rim	1103.74	North	5120.65	NE1/4,NE1/4,NW1/4,NE1/4
	top pipe	1103.36	West	1336.11	Lat = 39.21558 Long = 95.31551
MW-7	rim	1090.32	North	5016.83	NE1/4,NE1/4,NW1/4,NE1/4
	top pipe	1089.94	West	1472.65	Lat = 39.21530 Long = 95.31599
MW-8	rim	1094.81	North	4920.94	SE1/4,NE1/4,NW1/4,NE1/4
	top pipe	1094.29	West	1411.80	Lat = 39.21503 Long = 95.31578

Elevation derived from NGS BM# C 123 RESET. NAVD 88

Lat & Long derived from Oskaloosa 7.5 Quad Map WGS84

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

