

**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**

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:	Borehole diameter:
from _____ to _____ ft.	_____ 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**

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

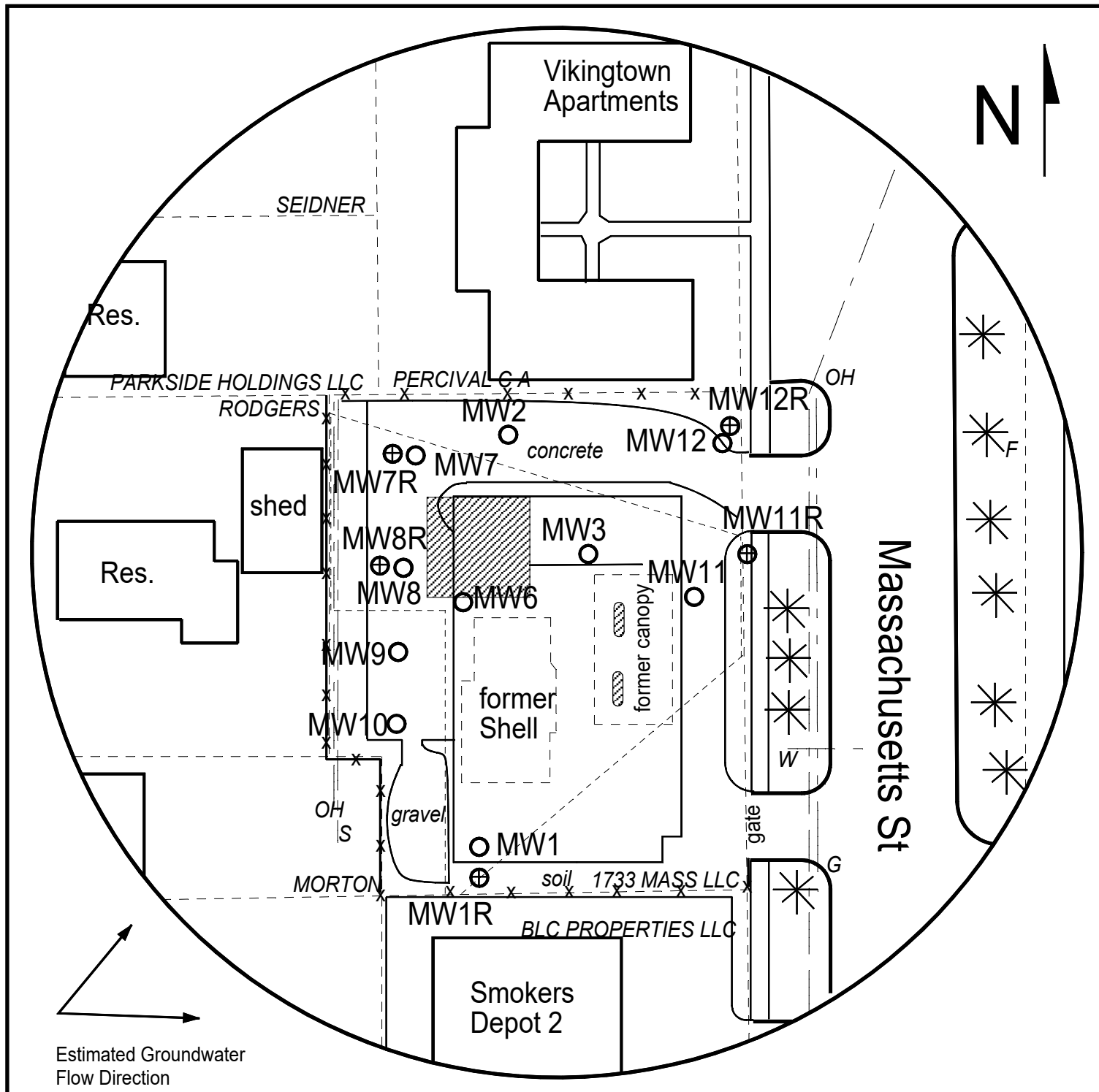


FIGURE 2 - DETAILED SITE BASE MAP



1311 E 25th St., Suite B (785) 841-8707 office  
Lawrence, KS 66046 (785) 865-4282 fax

**PROJECT:**

Former Texaco Facility  
#29-126-0023 &  
Fast Track/Formerly Texaco  
1733 Massachusetts St.,  
Lawrence, KS  
KDHE ID: U4-023-10043 / 15303  
Date: 11/2/23

0 50 ft

**LEGEND**

- Approximate Location of Former UST Basin, Product Lines & Pump Islands
- Approximate Location of Property Line
- Excavation area
- Plugged Monitoring Well
- Proposed Monitoring Well
- Proposed Soil Boring
- Fire Hydrant
- Electric
- Overhead Lines (25'-40' high)
- Sewer (2 - 6 ft bgs)
- Water Lines (2 - 6 ft bgs)
- Gas (2 - 6 ft bgs)

NOTE: SB15 & SB16 will be drilled to collect hydrologic samples.  
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. 25<sup>th</sup> Street, Suite B  
Lawrence, Kansas, 66046

January 18, 2025

RE: Monitor Well Elevation Survey  
1733 Massachusetts, Lawrence, Kansas

Proj. 25-00A  
Former Texaco Facility  
U4-023-10043 / 15303

Bench Mark: Square cut on top of East end of concrete retaining wall at NE corner of property.  
Elev: 871.83      North 3461.32      West 3589.64      (from SE Cor. Sec. 6-13-20E)

MW-1R	rim	873.04	North 3467.42	SW1/4,NW1/4,SE1/4,NW1/4
	top pipe	872.52	West 3698.04	Lat = 38.95215      Long = 95.23647
MW-7R	rim	873.00	North 3619.96	SW1/4,NW1/4,SE1/4,NW1/4
	top pipe	872.71	West 3709.89	Lat = 38.95257      Long = 95.23651
MW-8R	rim	873.01	North 3583.86	SW1/4,NW1/4,SE1/4,NW1/4
	top pipe	872.63	West 3709.30	Lat = 38.95247      Long = 95.23651
MW-11R	rim	871.56	North 3604.21	SE1/4,NW1/4,SE1/4,NW1/4
	top pipe	871.00	West 3591.62	Lat = 38.95252      Long = 95.23609
MW-12R	rim	871.33	North 3631.26	SE1/4,NW1/4,SE1/4,NW1/4
	top pipe	870.98	West 3590.47	Lat = 38.95260      Long = 95.23609

Lat & Long derived from Lawrence East 7.5' Quad Map NAD 29

Elevation derived from project NGS BM V 368. NAVD 1988.

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

