

**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**

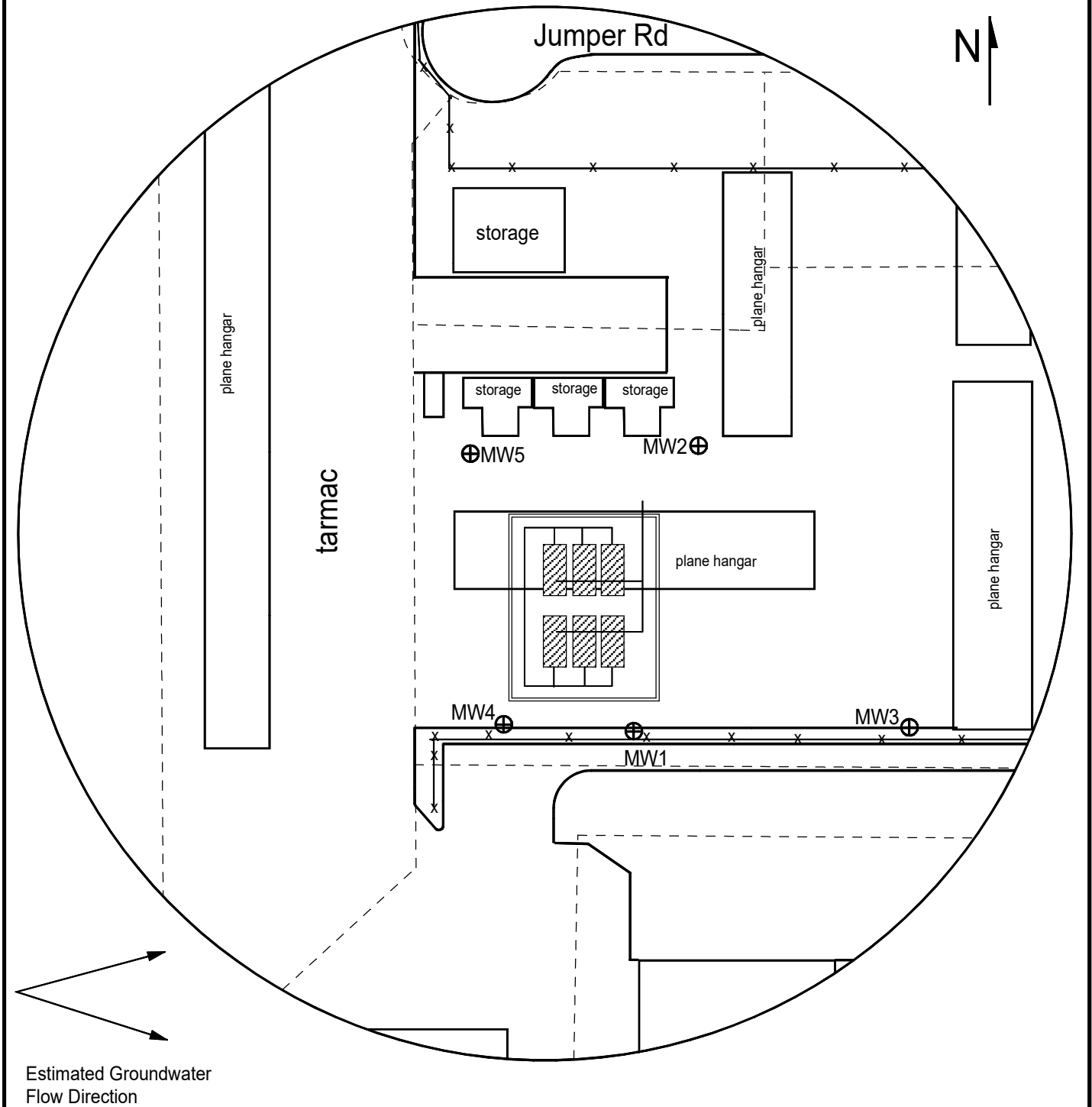
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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

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.

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 3 - 350 FT RADIUS AREA BASE MAP**



**PROJECT:**  
 SAA, Bldg 105, Pumphouse #1  
 3237 Arnold Ave,  
 Salina, KS  
 KDHE ID: U5-085-10502  
 Date: 2/14/25

**LEGEND:**

- Approximate Location of Former UST Basin and Pump Island
- Building with Basement
- New Monitoring Well (Installed 2/10-11/25)
- Overhead Lines
- Sanitary Sewer (2 - 6 ft BGS)

NOTE: Utility depths 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

March 20, 2025

RE: Monitor Well Elevation Survey  
3237 Arnold Ave., Salina, Kansas

Proj. 25-00F  
SAA, Bldg 105, Pumphouse #1  
U5-085-10502

Bench Mark: Chisled X on NW top bolt of fire hydrant 77 feet Southwest of MW#4.

Elev: 1265.58      North 4102.76      West 2882.26      (from SE Cor. Sec. 3-15-3W)

MW-1	rim	1262.45	North	4155.73	SE1/4,SE1/4,NE1/4,NW1/4
	top pipe	1262.23	West	2748.08	Lat= 38.78045   Long = 97.64117
MW-2	rim	1262.13	North	4315.25	NE1/4,SE1/4,NE1/4,NW1/4
	top pipe	1261.75	West	2690.76	Lat= 38.78089   Long = 97.64097
MW-3	rim	1262.45	North	4141.59	SW1/4,SW1/4,NW1/4,NE1/4
	top pipe	1262.15	West	2549.74	Lat= 38.78044   Long = 97.64047
MW-4	rim	1262.93	North	4156.70	SE1/4,SE1/4,SE1/4,NW1/4
	top pipe	1262.61	West	2827.24	Lat= 38.78045   Long = 97.64145
MW-5	rim	1261.69	North	4322.44	NE1/4,SE1/4,NE1/4,NW1/4
	top pipe	1261.35	West	2854.05	Lat= 38.78091   Long = 97.64154

Lat & Long derived from Saline SW 7.5' quad map. WGS 84.

Elevation established from NGS PACS SLN B . NAVD 88.

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

