

**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.

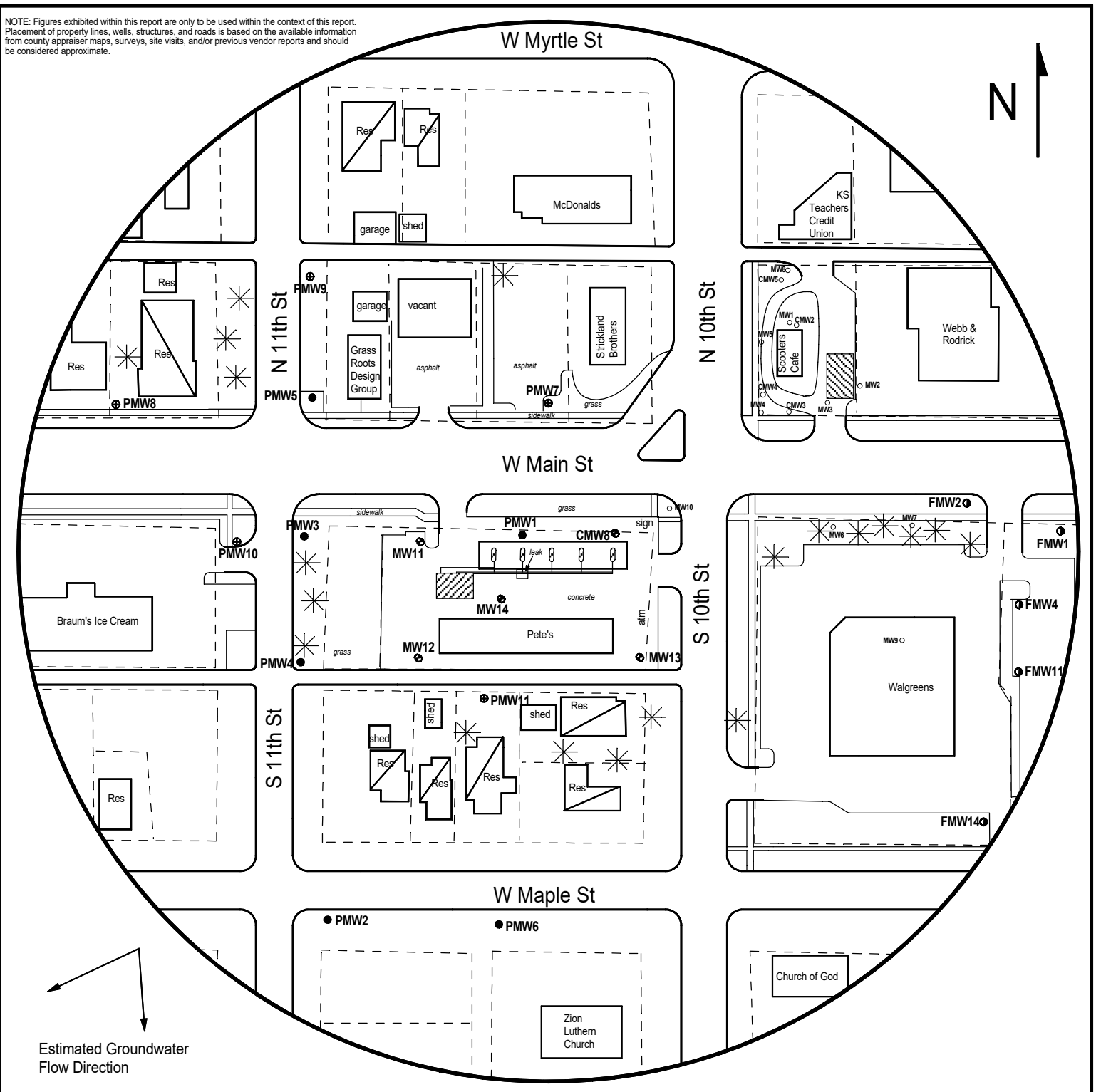


FIGURE 2.1 - 500 FT RADIUS AREA BASE MAP



**PROJECT:**

Pete's #57  
401 W Main St.,  
Independence, KS  
KDHE ID: U3-063-15575  
Date: 7/10/24

0 100 feet

**LEGEND:**

- Approximate Location of Active UST Basin and Pump Island
- Approximate Location of Former UST Basin
- Building with Basement
- Proposed Monitoring Well
- Plugged Monitoring Well
- Monitoring Well (Convenience Store; U3-063-14818)
- Monitoring Well (Former Firestone Store #4474; U3-063-13642)
- Soil Boring (Drilled 6/17-19/24)
- Overhead Lines (25-40 ft high)
- Sewer (2 - 6 ft BGS)
- Gas (2 - 6 ft BGS)
- Water (2 - 6 ft BGS)
- Telephone (2 - 6 ft BGS)

NOTE: Utility depths, heights and locations are approximate.

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

# DENNIS L HANDKE

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

Jess Chapman  
Larson & Assoc.  
1311 E. 25<sup>th</sup> St., Suite B  
Lawrence, Kansas, 66046

April 14, 2025

RE: Monitor Well Elevation Survey  
Pete's #57  
401 Main Street, Independence, Kansas

Proj. 25-00J  
Pete's #57  
U3-063-15575

Bench Mark: Chisled Square on SW corner of concrete signal light base near the NE corner of property.  
Elev: 800.86      North 4448.34      West 46.51      (from SE Cor. Sec. 36-32-15E)

PMW-7	rim	800.53	North	4561.38	NE1/4,SE1/4,NE1/4,NE1/4
	top pipe	800.13	West	157.39	Lat= 37.22347   Long = 95.71131
PMW-8	rim	792.75	North	4565.03	NW1/4,SE1/4,NE1/4,NE1/4
	top pipe	792.49	West	557.04	Lat= 37.22348   Long = 95.71268
PMW-9	rim	793.75	North	4681.53	SW1/4,NE1/4,NE1/4,NE1/4
	top pipe	793.52	West	378.22	Lat= 37.22380   Long = 95.71207
PMW-10	rim	794.10	North	4440.29	NW1/4,SE1/4,NE1/4,NE1/4
	top pipe	793.78	West	448.30	Lat= 37.22314   Long = 95.71231
PMW-11	rim	800.59	North	4283.29	NE1/4,SE1/4,NE1/4,NE1/4
	top pipe	800.10	West	217.33	Lat= 37.22271   Long = 95.71152

Lat & Long derived from Independence 7.5' quad map. WGS84

Elevation established from existing project. NAVD 83

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

Dennis L. Handke, RLS

