

**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<br>W | Fraction | ¼ | ¼ | ¼ |
| Datum    |  | Elevation |  | County  |  |          |  |       |  |        |          |   |   |   |

**WATER WELL OWNER**

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

**WELL WATER USE**

|  |
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|  |
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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: _____. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.

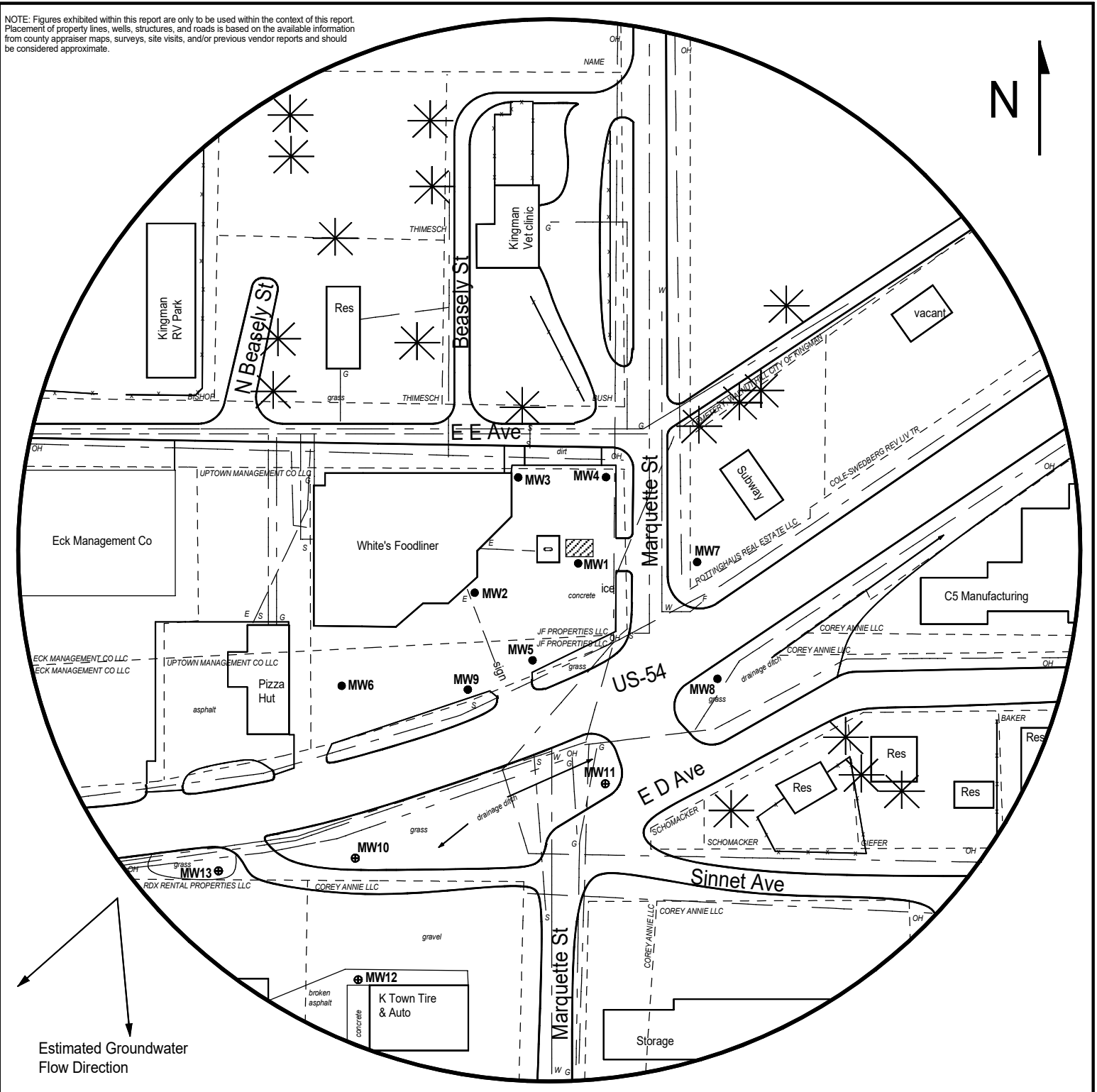


FIGURE 2.1 - 500 FT RADIUS AREA BASE MAP



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

**PROJECT:**

White's Foodline  
858 E. D Avenue,  
Kingman, KS  
KDHE ID: U2-048-15350  
Date: 6/17/25

0 100 feet

**LEGEND:**

- Approximate Location of Active UST Basin and Pump Island
- Existing Monitoring Well
- New Monitoring Well (Installed 5/28-29/25)
- Tree/Bush
- Fire Hydrant
- Overhead Lines (25-40 ft high)
- Sewer (2 - 6 ft BGS)
- Gas (2 - 6 ft BGS)
- Electric (2 - 6 ft BGS)
- Water (2 - 6 ft BGS)

NOTE: No basements were found within 500ft of the site.  
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

June 10, 2025

RE: Monitor Well Elevation Survey  
858 E. D Avenue, Kingman, Kansas

Proj. 25-00U  
White's Foodline  
KDHE ID U4-048-15350

Bench Mark: Chisled Sq. on center of North Hdwl of RCB under US-54 Hwy South of the building.

| Elev: |          | South   | West  |        | (from SE Cor. Sec. 32-27-7W)           |
|-------|----------|---------|-------|--------|----------------------------------------|
| MW-10 | rim      | 1529.29 | South | 161.80 | NE1/4,NE1/4,NE1/4,NE1/4 (Sec. 5-28-7W) |
|       | top pipe | 1528.91 | West  | 272.82 | Lat = 37.64639 Long = 98.10022         |
| MW-11 | rim      | 1532.45 | South | 80.96  | NE1/4,NE1/4,NE1/4,NE1/4 (Sec. 5-28-7W) |
|       | top pipe | 1531.94 | West  | 35.09  | Lat = 37.64658 Long = 98.09940         |
| MW-12 | rim      | 1527.36 | South | 265.59 | NE1/4,NE1/4,NE1/4,NE1/4 (Sec. 5-28-7W) |
|       | top pipe | 1527.01 | West  | 272.01 | Lat = 37.64610 Long = 98.10022         |
| MW-13 | rim      | 1529.29 | South | 173.00 | NW1/4,NE1/4,NE1/4,NE1/4 (Sec. 5-28-7W) |
|       | top pipe | 1528.92 | West  | 391.66 | Lat = 37.64636 Long = 98.10063         |

Elevation derived from existing project. NAVD 88

Lat & Long derived from Kingman 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.

