

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

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| 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 |
|------|----|---------------------|
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COMMENTS

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CONTRACTOR'S OR LANDOWNERS CERTIFICATION

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| 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.

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

August 23, 2025

RE: Monitor Well Elevation Survey
3101 SW 29th St., Topeka, Kansas

Proj. 25-00JJ
29TH Quick Stop
KDHE ID U4-089-15627

Bench Mark: Chisled X on top NW bolt of old concrete sign base near the NE Corner of property.
Elev: 905.04 North 5205.00 West 2813.37 (from SE Cor. Sec. 5-10-19E)

| | | | | | |
|------|----------|--------|-------|---------|--|
| MW-8 | rim | 901.55 | North | 5302.18 | SE1/4,SE1/4,SE1/4,SW1/4 (Sec.32-9-19E) |
| | top pipe | 901.20 | West | 2766.19 | Lat = 39.01514 Long = 95.71604 |
| MW-9 | rim | 911.77 | North | 4974.95 | NE1/4,NE1/4,NE1/4,NW1/4 |
| | top pipe | 911.43 | West | 2818.73 | Lat = 39.01425 Long = 95.71625 |

Elevation derived from existing project. NAVD 88

Lat & Long derived from Topeka 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.

