

WATER WELL RECORD (WWC5.2)

Constructed

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

County		Section		Township		Range		E W	Fraction	¼	¼	¼
Latitude		Longitude				Datum			Elevation			

WATER WELL LOCATION

at owner's address

WATER WELL OWNER

Name	
Business	
Address	

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____
 KDHE / EPA Project Code: _____
 Site Name: _____
 KDHE UIC Class V Form Completed: Yes No
 County/Local Permit Required? Yes No
 Permit Obtained? Yes No Permit ID: _____
 Oil/Gas Lease Name & Well #: _____

CONSTRUCTION

Casing: Height above land surface: _____ in.
 Is casing height less than 12 inches? Yes No

Blank Casing type: _____
 1st interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____
 2nd interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____
 3rd interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____

Screen / Perforation material: _____

Specify if other: _____

Screen / Perforation openings: _____

1st interval _____ ft. to _____ ft. Slot Size _____
 2nd interval _____ ft. to _____ ft. Slot Size _____
 3rd interval _____ ft. to _____ ft. Slot Size _____

WELL WATER USE

Additional info if required:

of Boreholes _____ # of Dewatering Wells _____

COMPLETION

Depth of completed well: _____ ft.

Depth(s) groundwater encountered: Dry Well

(1) _____ ft.; (2) _____ ft.; (3) _____ ft.;

Static water level in well: _____ ft.

Date measured: _____

Measured from: Top of Casing or Ground Surface

Measured: Above or Below Land Surface

Estimated yield: _____ gpm

Pump Test Date: Water level was:

_____ ft. after _____ hours pumping _____ gpm

_____ ft. after _____ hours pumping _____ gpm

Pump Information:

Pump Installed? Yes No Date: _____

Pump Type: _____ Horsepower: _____ Volts: _____

Drop Pipe Diameter: _____ in. Drop Pipe Length: _____ ft.

Water well disinfected? Yes No

Date disinfected (mm/dd/yy): _____

CONSTRUCTION**Borehole interval:**

from _____ to _____ ft.

from _____ to _____ ft.

from _____ to _____ ft..

Borehole diameter:

_____ in.

_____ in.

_____ in.

Grout:

1st Interval: _____ ft. to _____ ft. Grout material: _____

2nd Interval: _____ ft. to _____ ft. Grout material: _____

3rd Interval: _____ ft. to _____ ft. Grout material: _____

Gravel pack:

Not Used

1st Interval: _____ ft. to _____ ft. Gravel Size: _____

2nd Interval: _____ ft. to _____ ft. Gravel Size: _____

3rd Interval: _____ ft. to _____ ft. Gravel Size: _____

DESIGNATED PERSON**WELL COMPLETION DATE****CONTRACTOR BUSINESS NAME**

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.

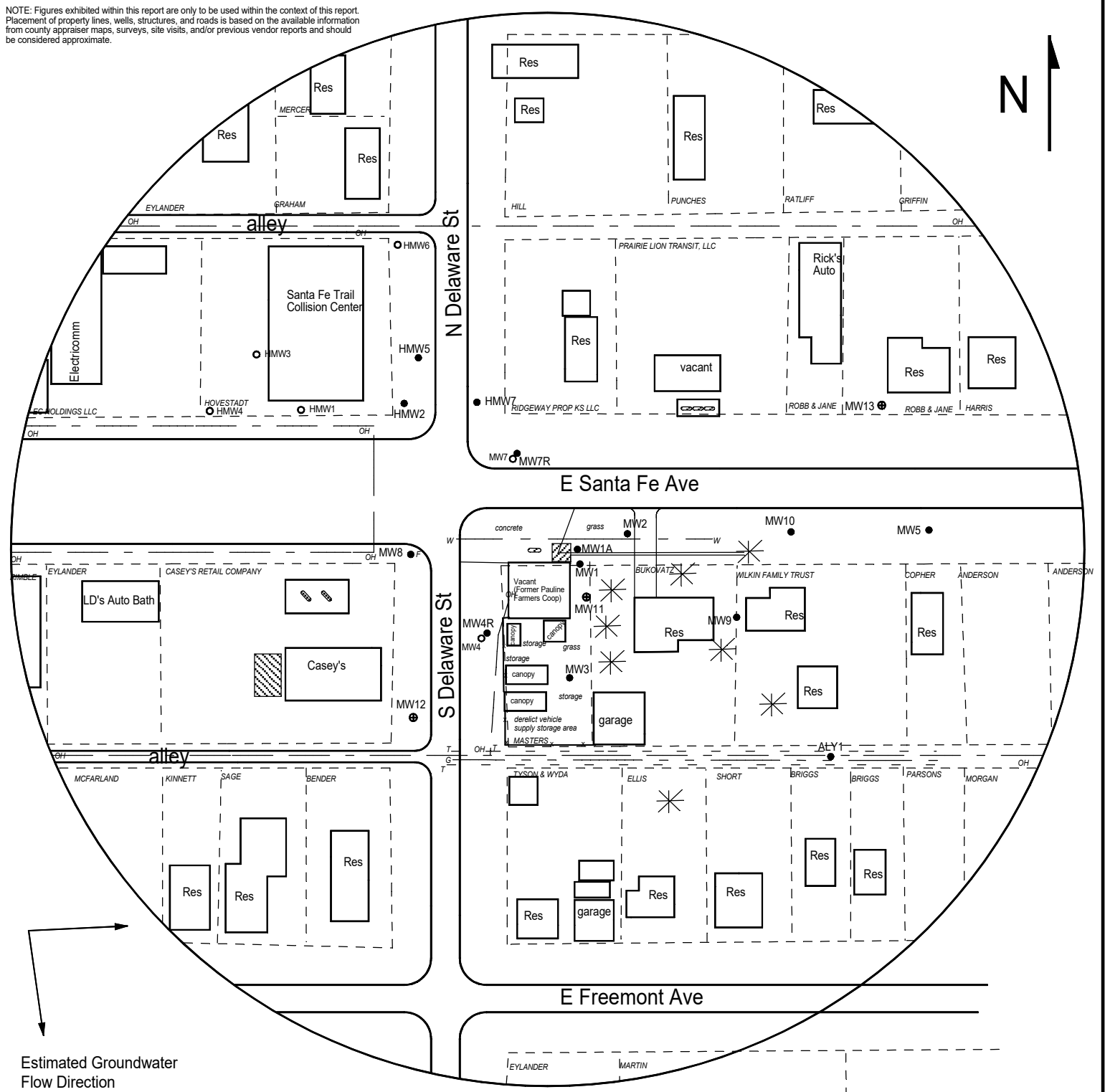


FIGURE 2.2 - 500 FT RADIUS AREA BASE MAP



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

PROJECT:

Pauline Farmers Coop Elevator
201 E. Santa Fe
Burlingame, KS
KDHE ID: U4-070-00603
Date: 4/22/25

0 100 ft

LEGEND

- Approximate Location of Former UST Basin, & Pump Islands
- Approximate Location of Active UST Basin, & Pump Islands
- Approximate Location of Property Line
- Existing Monitoring Well
- Plugged Monitoring Well
- New Monitoring Well (Installed 4/21/25)
- Soil Boring (drilled 4/21-22/25)
- Fire Hydrant
- Bush/Tree
- Gas Lines (1.5 - 3 ft bgs)
- Overhead Lines (25'-40' high)
- Telephone Lines (2 - 6 ft bgs)
- Water Lines (2 - 6 ft bgs)

NOTE: Utility depths, heights and locations are approximate.

DENNIS L HANDKE

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

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

March 2, 2026

RE: Monitor Well Elevation Survey
201 E. Santa Fe
Burlingame, Kansas

Proj. 26-00F
Pauline Farmers Coop Elevator
KDHE ID U4-070-00603

Bench Mark: Chisled Square on center of concrete entrance on North side of building.
Elev: 1065.02 North 5324.77 West 4595.16 (from SE Cor. Sec. 14-15-14E)

MW-12	rim	1062.47	North	5196.62	NE1/4,NW1/4,NW1/4,NW1/4
	top pipe	1062.11	West	4680.59	Lat= 38.75316 Long = 95.83239
MW-13	rim	1057.85	North	5420.71	SE1/4,SE1/4,SW1/4,SW1/4 (Sec.11-15-14E)
	top pipe	1057.59	West	4270.54	Lat= 38.75378 Long = 95.83096

Lat & Long derived from Osage City 7.5 quad map. WGS84.

Elevation established from existing project. NAVD 88

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

