

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 _____

DESIGNATED PERSON

CONTRACTOR BUSINESS NAME

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.	Borehole diameter: _____ in.
from _____ to _____ ft.	
from _____ to _____ ft..	

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: _____

WELL COMPLETION DATE

WATER WELL RECORD (WWC-5)

Constructed

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

County		Section		Township		Range	$\frac{E}{W}$	Fraction	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{4}$
Latitude		Longitude		Datum		Elevation					
Well Owner					Well Owner Business						

NEAREST SOURCE OF POTENTIAL CONTAMINATION or No potential source of contamination within 100 ft.

Source:		Source:	
Distance from well (ft):	Direction from well:	Distance from well (ft):	Direction from well:
Source description:		Source description:	
Required information for local entity? Yes No		Required information for local entity? Yes No	

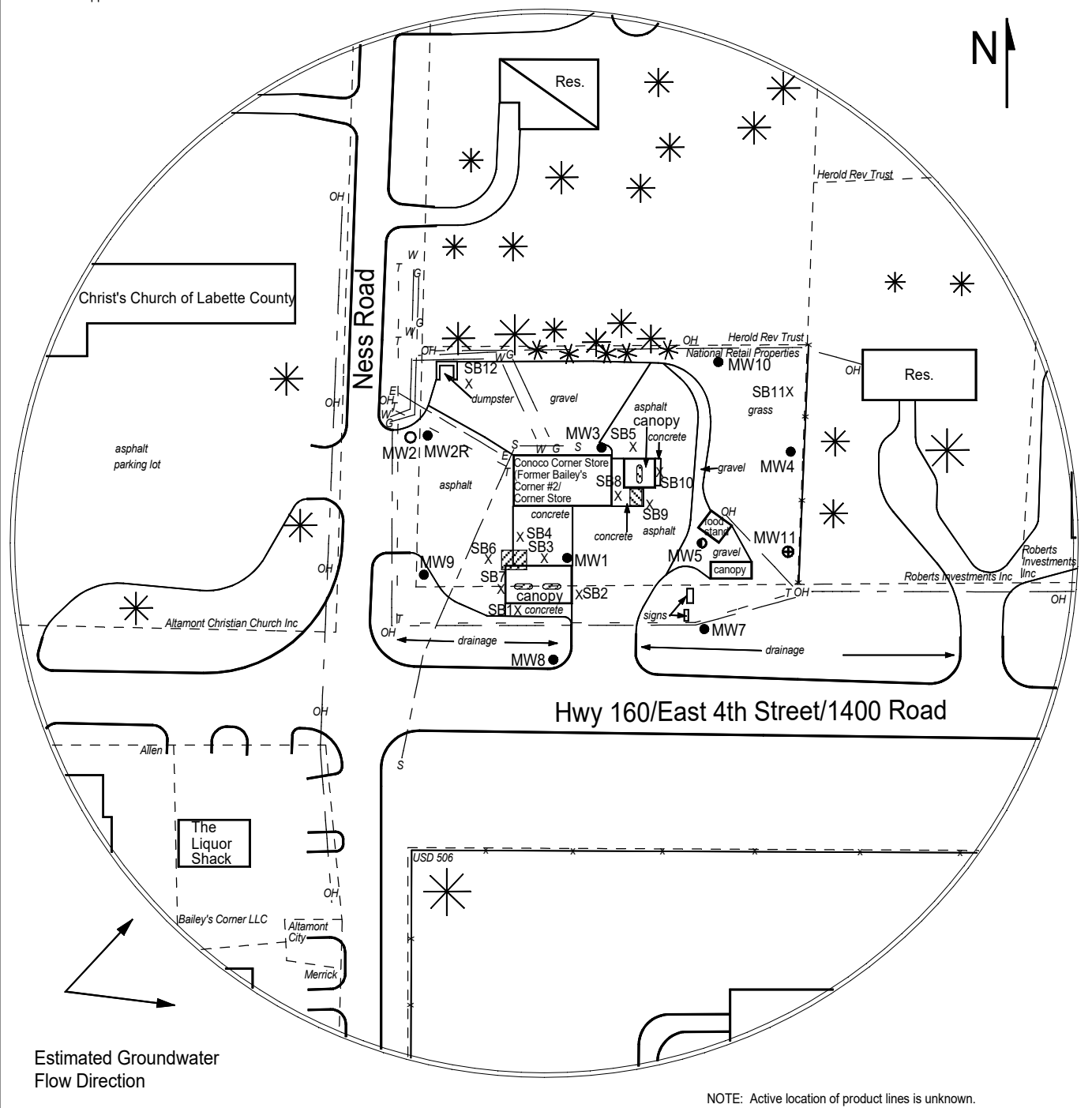
LITHOLOGIC LOG

AQUIFER, if known

FROM	TO	LITHOLOGY

COMMENTS	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 , KS 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 the water well owner and the contractor should retain one copy.
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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.



NOTE: Active location of product lines is unknown.

FIGURE 2.1 - 350 FT RADIUS AREA BASE MAP

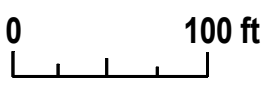
LEGEND:

- Approximate Location of Active UST Basin, & Pump Islands
- Approximate Location of Active Diesel UST Basin & Pump Island
- Building with Basement
- Approximate Location of Property Line
- Existing Monitoring Well
- Destroyed Monitoring Well
- New Monitoring Well (Installed 2/9/26)
- Plugged Well
- Soil Boring (Drilled 2/9-10/26)
- Electric Lines (1.5 - 3 ft bgs)
- Gas Lines (1.5 - 3 ft bgs)
- Sewer Lines (2 - 6 ft bgs)
- Overhead Lines (25'-40' high)
- Telephone Lines (2 - 6 ft bgs)
- Water Lines (1.5 - 3 ft bgs)

NOTE: Utility depths, heights and locations are approximate.

PROJECT:
 Bailey's Corner #2 / Corner Store
 1107 East 4th Street
 Altamont, KS
 KDHE ID: U3-050-14448/
 U3-050-14789
 Date: 2/10/26

1311 E 25th St. Suite B
 Lawrence, KS 66046
 785-841-8707 office



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

March 2, 2026

RE: Monitor Well Elevation Survey
1107 East 4th Street, Altamont, Kansas

Proj. 26-00D
Bailey's Corner #2 / Corner Store
KDHE ID U3-050-14448

Bench Mark: Chisled X. on SE corner of concrete sidewalk at the Southeast corner of building.

Elev: 905.46 South 28.44 West 5171.61 (from SE Cor. Sec. 1-33-19E)

MW-11	rim	901.80	South	62.97	SW1/4,SW1/4,SW1/4,SW1/4
	top pipe	901.43	West	5051.98	Lat = 37.19314 Long = 95.28514

Elevation derived from existing project. NAVD 88.

Lat & Long derived from Altamont 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.

