

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**

LOCATION OF WATER WELL

County		Section		Township		Range	E W	Fraction	¼	¼	¼
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[illegible]

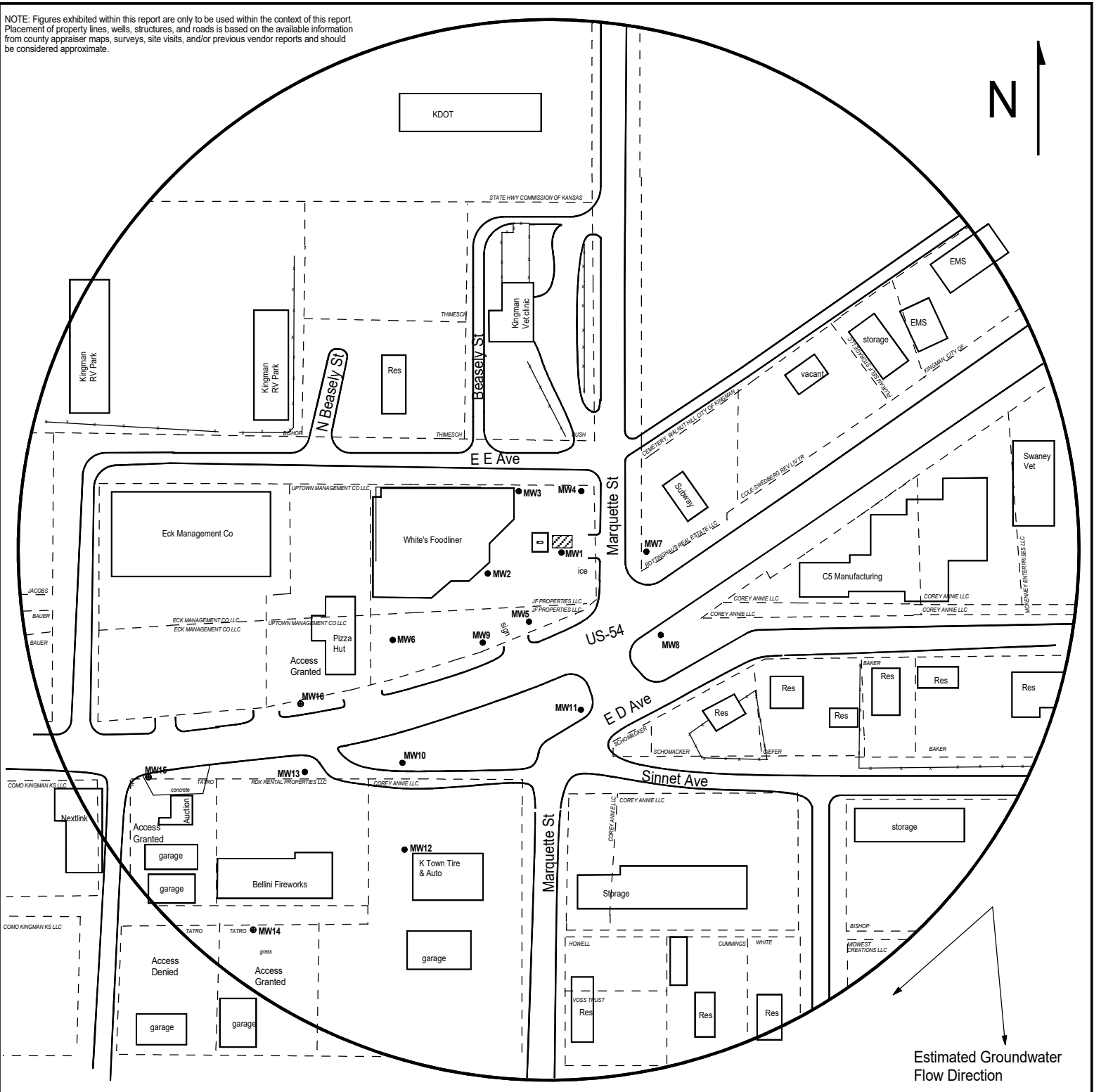
COMMENTS

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.

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.



larsen
& ASSOCIATES, INC.

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)

DENNIS L HANDKE

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

March 21, 2026

Jess Chapman
Larsen & Associates
1311 E. 25th Street, Suite B
Lawrence, Kansas 66046

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

Proj. 26-00G
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: 1529.83		South 21.12	West 161.06	(from SE Cor. Sec. 32-27-7W)	
MW-14	rim	1525.84	South 360.93	SE1/4,NE1/4,NE1/4,NE1/4 (Sec. 5-28-7W)	
	top pipe	1525.44	West 452.58	Lat = 37.64584 Long = 98.10085	
MW-15	rim	1526.78	South 185.61	NW1/4,NE1/4,NE1/4,NE1/4 (Sec. 5-28-7W)	
	top pipe	1526.48	West 614.65	Lat = 37.64632 Long = 98.10140	
MW-16	rim	1529.13	South 79.02	NW1/4,NE1/4,NE1/4,NE1/4 (Sec. 5-28-7W)	
	top pipe	1528.86	West 480.12	Lat = 37.64661 Long = 98.10066	

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.

