

WATER WELL RECORD (WWC5.2)

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					

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.

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: _____

WELL COMPLETION DATE

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

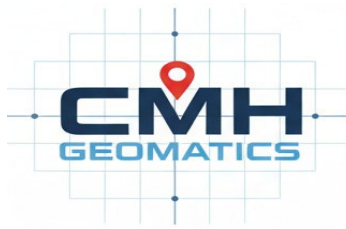
AQUIFER, if known[illegible]

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.



CMH Geomatics, LLC
1917 SW Medford Ave., Topeka, KS 66604
(785) 979-0372
chumphrey@cmhgeomatics.com

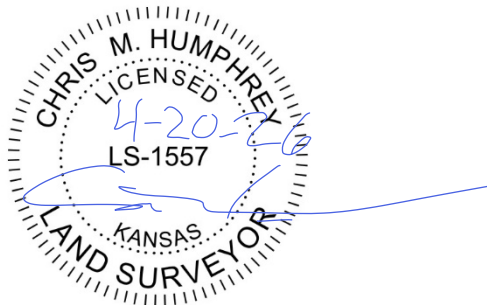
Jess Chapman
Larsen & Associates
1311 E. 25th Street, Suite B
Lawrence, Kansas 66046

April 20, 2026

Re: Project No. T26-001-LAA-001 Monitor Well Location and Elevation Survey – Short Stop #1,
610 6th Street, Clay Center, KS. KDHE Project Code: U5-014-15423

Point	North Coord.	East Coord.	Distance North of S/4	Distance West of S/4	Elev. Top of Rim	Elev. Top of Casing Pipe	Latitude North	Longitude West
"S COR"	5000.000	5000.000	South 1/4 Cor. Sec. 8, T08S, R03E					
MW10	8262.731	3337.073	3262.731	1662.927	1197.23	1196.91	39.37456	-97.12477
MW11	8448.376	3162.468	3448.376	1837.531	1197.83	1197.64	39.37508	-97.12538
BM SPIND	8463.310	3467.690	3463.310	1532.310	1197.55		39.37511	-97.12430

Project Information: I used the Benchmark provided by Blackstone Environmental to determine elevations, and I held the assumed coordinates (5000,5000) on the South ¼ Corner of Section 8, Township 8 South, Range 3 East for Horizontal Control. All taken from report by Blackstone Environmental dated February 13, 2024.



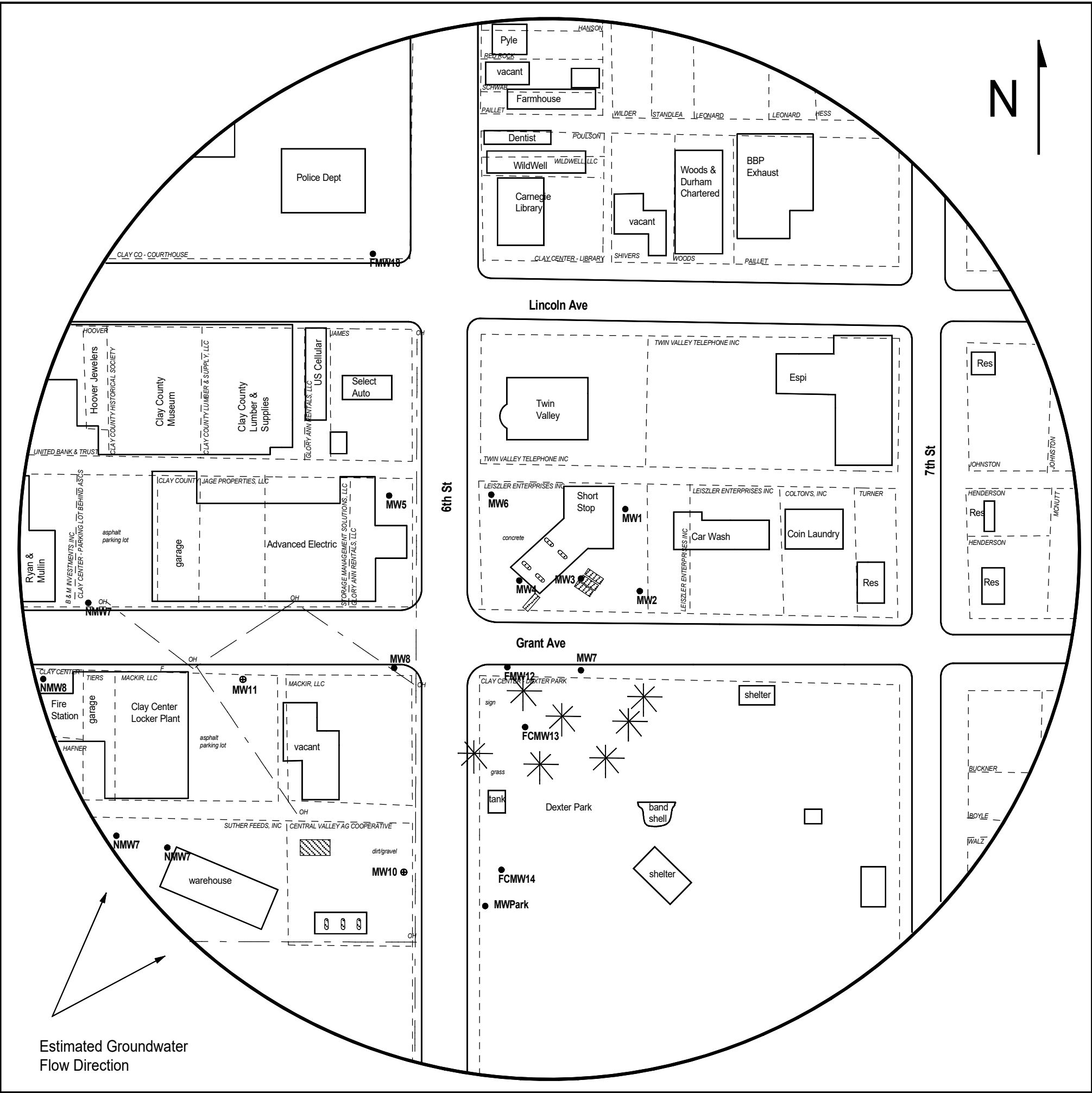


FIGURE 2 - 600 FT RADIUS AREA BASE MAP



larsen
& ASSOCIATES, INC.

1311 E 25th St., Suite B
Lawrence, KS 66046

(785) 841-8707 office
(785) 865-4282 fax

PROJECT:
Short Stop #1
610 6th Street,
Clay Center, KS
KDHE ID: U5-014-15423
Date: 2/4/26



LEGEND:

-  Approximate Location of Former UST Basin and Pump Island
-  Approximate Location of Active AST Basin and Pump Island
-  Existing Monitoring Well
-  Proposed Monitoring Well
-  Fire Hydrant
-  Tree
-  Overhead Lines
-  Sanitary Sewer (2 - 6 ft BGS)

NOTE: No basements within 500ft
NOTE: Utility depths and locations are approximate.