

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 _____

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

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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.

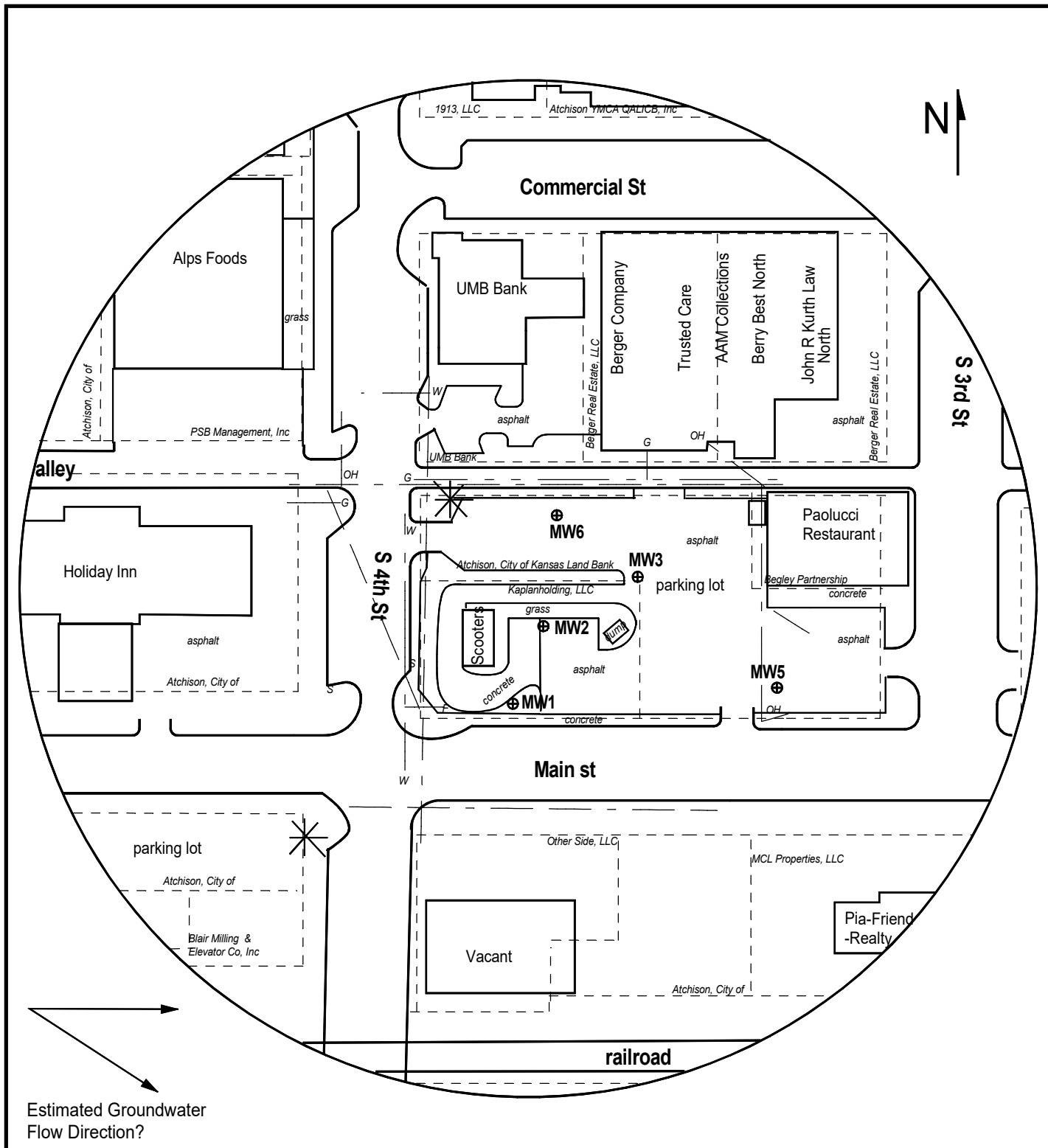


FIGURE 3 - 350 FT RADIUS AREA BASE MAP



1311 E 25th St., Suite B (785) 841-8707 office
Lawrence, KS 66046 (785) 865-4282 fax

PROJECT:

Atchison Former Filling Station
301 Main Street
Atchison, KS
KDHE ID: U4-003-15728
Date: 2/25/26

0 100 ft

LEGEND:

- Approximate Location of Former UST Basin and Pump Island
- Building with Basement
- Proposed Monitoring Well
- Proposed Soil Boring
- Overhead Lines
- Sanitary Sewer (2 - 6 ft BGS)

NOTE: Utility depths and locations are approximate.



CMH Geomatics, LLC

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

June 10, 2026

Re: Project No. T26-001-LAA-007 Monitor Well Location and Elevation Survey, 301 Main Street., Atchison, KS.
KDHE Project Code: U4-003-15728.

Point	Distance		Latitude	Longitude	Rim Elev.	Top Pipe Elev.
	North of SW Cor.	Distance East of SW Cor.				
MW 1	4232.71	1575.46	39.56090	-95.11740	797.92	797.54
MW 2	4285.63	1601.62	39.56100	-95.11730	798.97	798.62
MW 3	4327.24	1672.00	39.56110	-95.11704	800.51	800.07
MW 5	4254.83	1758.37	39.56090	-95.11675	799.23	798.87
MW 6	4344.34	1598.82	39.56120	-95.11730	800.37	799.99
NGS Monument						
PID KE0486						
Designation 270	5403.512	1180.124	39.56413	-95.11867	839.24	
Site Benchmark	4232.851	1831.614	39.56090	-95.11649	799.85	

Found Chiseled Square in top Back of Curb located in the Southeast Corner of the Parking lot located in the Northwest Quadrant of the Intersection of S. 3rd Street and Main Street.

Project Information: All Measured distances were taken from the Southwest Corner of Section 6, Township 6 South, Range 21 East of the 6th P.M. Site Benchmark was established using NGS Monument PID KE0486 Designation 270. Vertical Measurements were taken in NAVD88.