

WATER WELL RECORD

Form WWC-5

Division of Water
Resources App. No.

Well ID

MW9

☒ Original Record ☐ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL: County Douglas		Fraction NE ¼ SE ¼ SW ¼ NW ¼		Section Number 25	Township Number T 12 S	Range Number R 19 E <input checked="" type="checkbox"/> W																																																						
2 WELL OWNER: Last Name: First: Business: Tri-Angle Holdings Corporation Address: 4500 Bob Billings City Lawrence State: KS ZIP: 66049			Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> 1801 W 2nd St., Lawrence, KS																																																									
3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align: center;">N NW NE W X E SW SE S 1 mile</div>		4 DEPTH OF COMPLETED WELL: 50 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 37.1 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 7/6/21 <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm Water well was _____ ft after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 7.25 in to _____ ft, and _____ in to _____ ft		5 Latitude: 38.98036 (decimal degrees) Longitude: 95.25571 (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: _____ <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper																																																								
				6 Elevation: 872.82 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____																																																								
7 WELL WATER TO BE USED AS:																																																												
1 Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial		5 <input type="checkbox"/> Public Water Supply: well ID _____ 6 <input type="checkbox"/> Dewatering: how many wells? _____ 7 <input type="checkbox"/> Aquifer Recharge: well ID _____ 8 <input checked="" type="checkbox"/> Monitoring: well ID MW9 9 Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <input type="checkbox"/> Recovery <input type="checkbox"/> Injection		10 <input type="checkbox"/> Oil Field Water Supply: lease _____ 11 Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12 Geothermal: How many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water <input type="checkbox"/> Other (specify): _____																																																								
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____																																																												
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2 in. to 30 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.20 in. Weight _____ lbs./ft. Well thickness or gauge No _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) SCREEN-PERFORATED INTERVALS: From 30 ft. to 50 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 28 ft. to 50 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,																																																												
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete: 0-0.5' Grout intervals: From 0.5 ft. to 28 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, Nearest source of possible contamination: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input checked="" type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well / Gas Well <input type="checkbox"/> Other (Specify) _____ Direction from well? SW Distance from well? ~10 ft																																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>10 FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr><td>0</td><td>1</td><td>Coarse sand</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>3</td><td>Clay</td><td></td><td></td><td></td></tr> <tr><td>3</td><td>5</td><td>Coarse sand</td><td></td><td></td><td></td></tr> <tr><td>5</td><td>10</td><td>Clay</td><td></td><td></td><td></td></tr> <tr><td>10</td><td>32</td><td>Silty clay</td><td></td><td></td><td></td></tr> <tr><td>32</td><td>36</td><td>Clay</td><td></td><td></td><td></td></tr> <tr><td>36</td><td>42</td><td>Silty clay</td><td></td><td></td><td></td></tr> <tr><td>42</td><td>50</td><td>Sand</td><td></td><td></td><td></td></tr> </tbody> </table>							10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	1	Coarse sand				1	3	Clay				3	5	Coarse sand				5	10	Clay				10	32	Silty clay				32	36	Clay				36	42	Silty clay				42	50	Sand			
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Notes: KDHE ID: Miller Mart #420/Tri-Angle 2nd Street; U4-023-13112/15061																																																												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 7/1/21 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 757 This Water Well Record was completed on (mo-day-year) 7/19/21 under the business name of Larsen & Associates, Inc. Signature _____																																																												

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,

1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 7/10/2015

DENNIS L HANDKE

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

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

July 28, 2021

RE: Monitor Well Elevation Survey
1801 W. 2nd St., Lawrence, Kansas

Proj. 21-00U
Miller Mart #420/Tri-Angle
KDHE ID U4-023-13112/15061

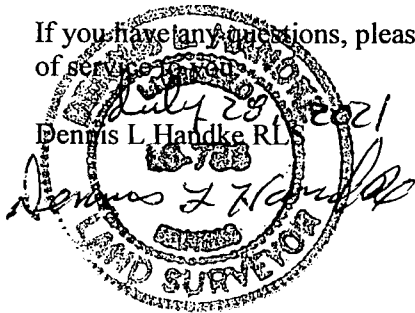
Bench Mark: Square cut on Northeast corner of concrete sign base in the Northwest corner of property.

Elev.:	875.51	North	3218.43	West	4087.46	(from SE Cor. Sec. 25-12-19E)
MW-9	rim	873.02	North	3203.30		NE1/4,SE1/4,SW1/4,NW1/4
	top pipe	872.82	West	3945.56		Lat = 38.98036 Long = 95.25571
MW-10	rim	875.64	North	3283.49		NW1/4,SE1/4,SW1/4,NW1/4
	top pipe	875.22	West	4019.42		Lat = 38.98058 Long = 95.25597

Lat & Long derived from Lawrence West 7.5' quad map. WGS84.

Elevation derived from existing project. NAVD88

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



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.

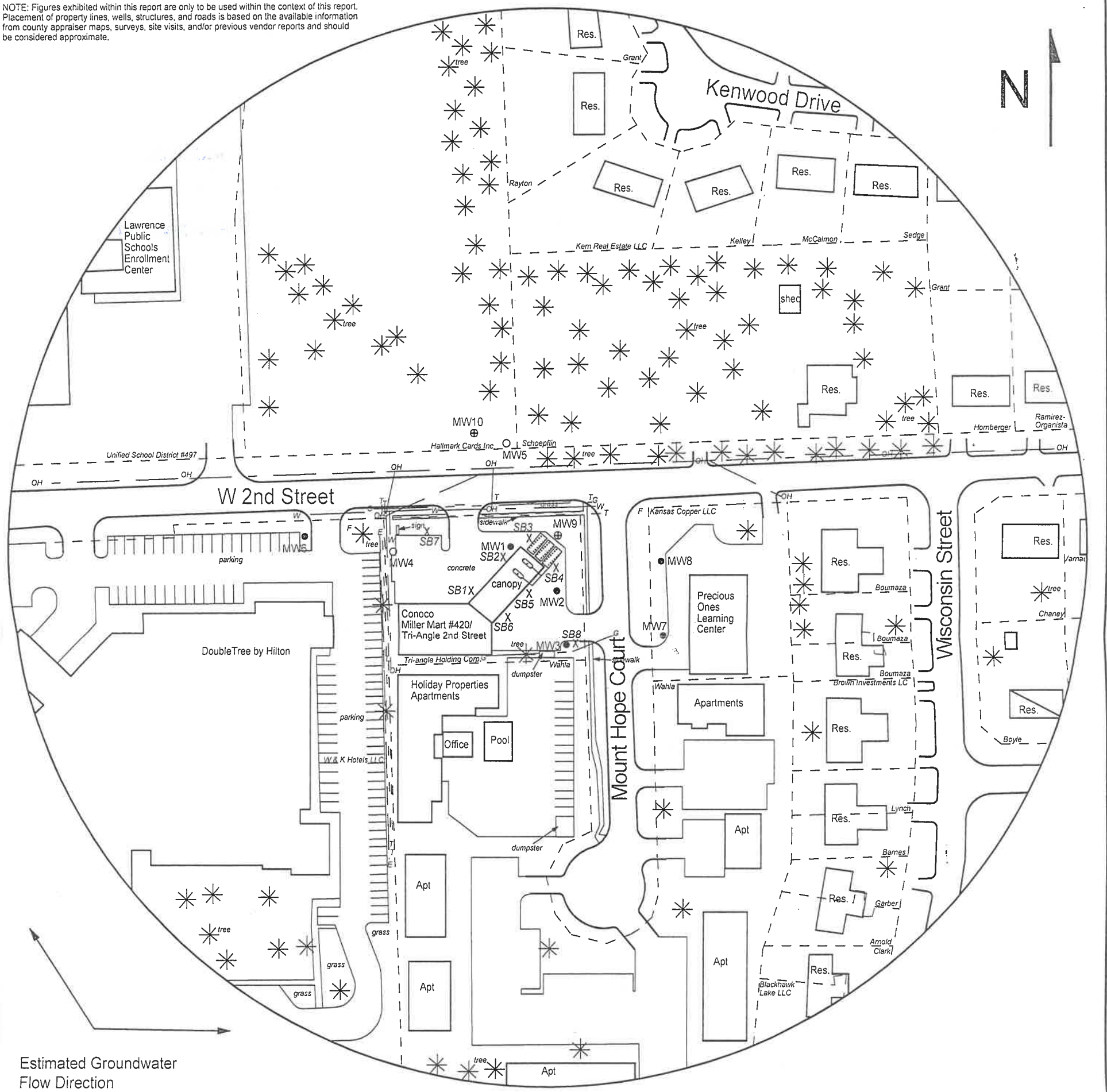


FIGURE 2.2 - 500 FT RADIUS AREA BASE MAP



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

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

PROJECT:
Miller Mart #420/
Tri-Angle 2nd Street
1801 W. 2nd St.
Lawrence, KS
KDHE ID: U4-023-13112/
U4-023-15061
Date: 7/6/21



LEGEND

- Approximate Location of Active UST Basin, Product Lines & Pump Islands
- Building with Basement
- Approximate Location of Property Line
- Existing Monitoring Well
- Monitoring Well (Installed 7/1/21 & 7/6/21)
- Soil Boring (Drilled 6/30/21 & 7/1/21)
- Fire Hydrant
- Electric Lines (2 - 6 ft bgs)
- 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: SB7 & SB8 were drilled to collect hydrologic samples.
NOTE: Utility depths, heights and locations are approximate.

RECEIVED
SEP 29, 2021
BUREAU OF WATER