

## WATER WELL RECORD

Form WWC-5

Division of Water  
Resources App. No.

Well ID

MW5R

☒ Original Record ☐ Correction ☐ Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County Coffey		Fraction NW ¼ NW ¼ SW ¼ NW ¼		Section Number 10	Township Number T 19 S	Range Number R 14 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
<b>2 WELL OWNER:</b> Last Name: KDHE (City of Lebo) Business: KDHE (City of Lebo) Address: 1000 SW Jackson Address: City Topeka State: KS ZIP: 66612		First: _____ 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"/> 220 N Ogden/5 E Broadway, Lebo, KS				
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> <div style="text-align: center;">N NW NE W SE S 1 mile</div>		<b>4 DEPTH OF COMPLETED WELL:</b> Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 8.10 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 8/31/22 <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		<b>5 Latitude:</b> 38.41553 (decimal degrees) <b>Longitude:</b> 95.85768 (decimal degrees) <b>Horizontal Datum:</b> <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		
		<b>6 Elevation:</b> 1168.33 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:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock<br>2 <input type="checkbox"/> Irrigation<br>3 <input type="checkbox"/> Feedlot<br>4 <input type="checkbox"/> Industrial | 5 <input type="checkbox"/> Public Water Supply: well ID _____<br>6 <input type="checkbox"/> Dewatering: how many wells? _____<br>7 <input type="checkbox"/> Aquifer Recharge: well ID _____<br>8 <input checked="" type="checkbox"/> Monitoring: well ID MW5R<br>9 Environmental Remediation: well ID _____<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10 <input type="checkbox"/> Oil Field Water Supply: lease _____<br>11 Test Hole: well ID _____<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12 Geothermal: How many bores?<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br><input type="checkbox"/> Other (specify): _____ |
|---|--|--|

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: \_\_\_\_\_

Water well disinfected? ☐ Yes ☒ No

**8 TYPE OF CASING USED:** ☐ Steel ☒ PVC ☐ Other \_\_\_\_\_ CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded

Casing diameter 2 in. to 5 ft, Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft, Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft,

Casing height above land surface -0.44 in. Weight \_\_\_\_\_ lbs./ft. Well thickness or gauge No \_\_\_\_\_

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify) \_\_\_\_\_

☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

☐ Continuous Slot ☒ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) \_\_\_\_\_

☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 5 ft. to 20 ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft,

GRAVEL PACK INTERVALS: From 3 ft. to 20 ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft, From \_\_\_\_\_ ft. to \_\_\_\_\_ ft,

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other Concrete: 0-0.5'

Grout intervals: From 0.5 ft. to 3 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? NW Distance from well? ~10 ft

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	0.8	Concrete			
0.8	13	Clay			
13	20	Shale			

Notes: KDHE ID: City of Lebo; U3-016-14515

Target of monitoring well is shallow groundwater, &lt;20' of grout was installed at the direction of KDHE.

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 3/29/22 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) 9/6/22 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

T19S R14E sec. 10  
KSA 824-1212  
Coffey

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

July 30, 2022

RE: Monitor Well Elevation Survey  
Lebo, Kansas

Proj. 22-00RR  
City of Lebo  
KDHE ID U3-116-14515

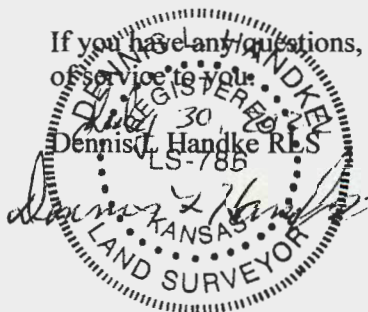
Bench Mark: Chisled Square on East end of concrete pump island at Broadway & Pine.  
Elev: 1167.86 North 4022.40 West 461.87 (from SE Cor. Sec. 9-19-14E)

MW-1R	rim	1168.21	North	3872.90	NW1/4,NW1/4,SW1/4,NW1/4 (Sec. 10-19-14E)
	top pipe	1167.66	East	149.73	Lat = 38.41539 Long = 95.85731
MW-2R	rim	1166.94	North	3815.30	NW1/4,NW1/4,SW1/4,NW1/4 (Sec. 10-19-14E)
	top pipe	1166.38	East	139.99	Lat = 38.41524 Long = 95.85735
MW-3R	rim	1168.90	North	3936.67	NW1/4,NW1/4,SW1/4,NW1/4 (Sec. 10-19-14E)
	top pipe	1168.50	East	116.85	Lat = 38.41557 Long = 95.85743
MW-4R	rim	1167.04	North	3837.32	NW1/4,NW1/4,SW1/4,NW1/4 (Sec. 10-19-14E)
	top pipe	1166.72	East	45.22	Lat = 38.41530 Long = 95.85768
MW-5R	rim	1168.77	North	3922.94	NW1/4,NW1/4,SW1/4,NW1/4 (Sec. 10-19-14E)
	top pipe	1168.33	East	44.69	Lat = 38.41553 Long = 95.85768

Elevation derived from existing project. NAVD 88.

Lat & Long derived from Lebo 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.





3:16 PM  
09/28/22  
Accrual Basis

Larsen & Associates, Inc.

WWC5

September 28, 2022

117  
KSA 82a-1212  
Coffey

Date	Name	Memo	Amount
09/28/2022	City of Lebo (formerly Emergency Site):AW(5) 09/2 U3-116-14515		25.00
09/28/2022	Goetsch-Irvine Motor Co Inc:AW(4) 09/21/22*	U5-081-00208	20.00
09/28/2022	Former Power Plant:LSA 09/29/22*	U5-057-15328	45.00
09/28/2022	Deines, Alvin:AW(4) 09/28/22*	U5-081-00012	20.00
			<u>110.00</u>

RECEIVED  
SEP 29 2022  
BUREAU OF WATER

3:16 PM  
09/28/22  
Accrual Basis

Larsen & Associates, Inc.

WWC5

September 28, 2022

Date	Name	Memo	Amount
09/28/2022	City of Lebo (formerly Emergency Site):AW(5)	09/2 U3-116-14515	25.00
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			<u>110.00</u>

T195 R14E Sec. 10  
KSA 82a-1212  
Coffey

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.

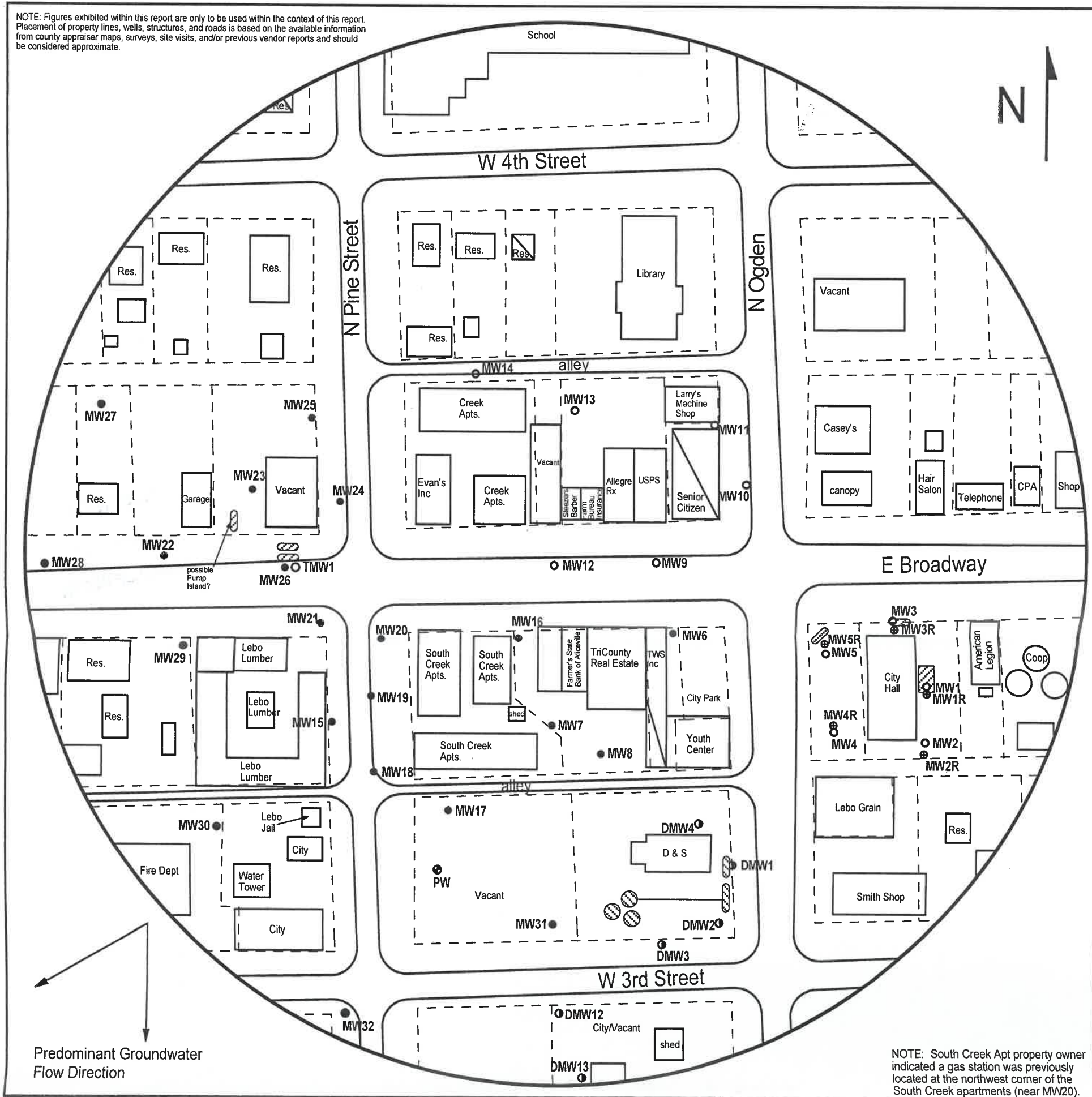


FIGURE 1 - 500 FT RADIUS AREA BASE MAP



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

**PROJECT:**  
City of Lebo  
Lebo, KS  
KDHE ID: U3-016-14515  
Date: 3/29/22

0 100 feet

**LEGEND:**

- Approximate Location of Active AST, Product Line & Pump Islands
- Approximate Location of Former UST basin and Pump Islands
- Building with Basement
- Manway
- Existing Monitoring Well
- Private Well
- Plugged Well
- Monitoring Well at nearby site (not in scope)
- New Monitoring Well