

**WATER WELL RECORD (WWC-5)**

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_  
 Original Record      Correction      Change in Well Use

**LOCATION OF WATER WELL**

Latitude		Longitude		Section		Township		Range		E W	Fraction	¼	¼	¼
Datum		Elevation		County										

**WATER WELL OWNER**

Name	
Business	
Address	
Well location  at owner's address	

**WELL WATER USE**

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**COMPLETION**

Depth of completed well: _____ ft.
Depth(s) groundwater encountered: (1) _____ ft.; (2) _____ ft.; (3) _____ ft.; (4) dry well
Static water level in well: _____ ft. measured below land surface on (mm/dd/yy): _____ measured above land surface on (mm/dd/yy): _____
Estimated yield: _____ gpm
Water level was: _____ ft. after _____ hours pumping _____ gpm
Pump installed?    Yes    No
Water well disinfected?    Yes    No
Date disinfected (mm/dd/yy): _____
Aquifer, if known:

**NEAREST SOURCE OF POTENTIAL CONTAMINATION**

Source: _____
Distance from well: _____      Direction from well: _____
Source description: _____
Source: _____
Distance from well: _____      Direction from well: _____
Source description: _____
No potential source of contamination within 100 feet.

**CONSTRUCTION**

Borehole interval: from _____ to _____ ft.	Borehole diameter: _____ in.
from _____ to _____ ft.	_____ in.
Casing height above land surface: _____ in.	
If casing height is less than 12 in. has a variance been approved?*    Yes    No	
*variance not required for monitoring or environmental remediation wells	
Casing type: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Blank casing interval: _____ ft. to _____ ft.	
Blank casing diameter: _____ in.	
Casing joints: _____	
Weight: _____ lbs/ft.	
Wall thickness or gauge no.: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Grout interval: _____ ft. to _____ ft.	
Grout material: _____	
Screen / perforation material: _____	
Screen / perforation openings: _____	
Screen / perforation intervals: From _____ ft. to _____ ft.	
Slot size _____ unit _____	
From _____ ft. to _____ ft.	
Slot size _____ unit _____	
Gravel pack intervals: Gravel pack not used:    Gravel size _____ in	
From _____ ft. to _____ ft.	
Gravel pack not used:    Gravel size _____ in	
From _____ ft. to _____ ft.	

**PERMIT & ID NUMBERS (AS REQUIRED)**

DWR Application No.: _____
KDHE / EPA Project Code: _____
Site Name: _____
KDHE UIC Class V Form Completed:    Yes    No
County Permit:    Yes    No    Permit ID: _____
Lease Name & Well #: _____
# of boreholes: _____    # of dewatering wells: _____

**LITHOLOGIC LOG**

FROM	TO	LITHOLOGY INTERVALS

**COMMENTS**

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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

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 _____, Kansas 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: _____.
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Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

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.

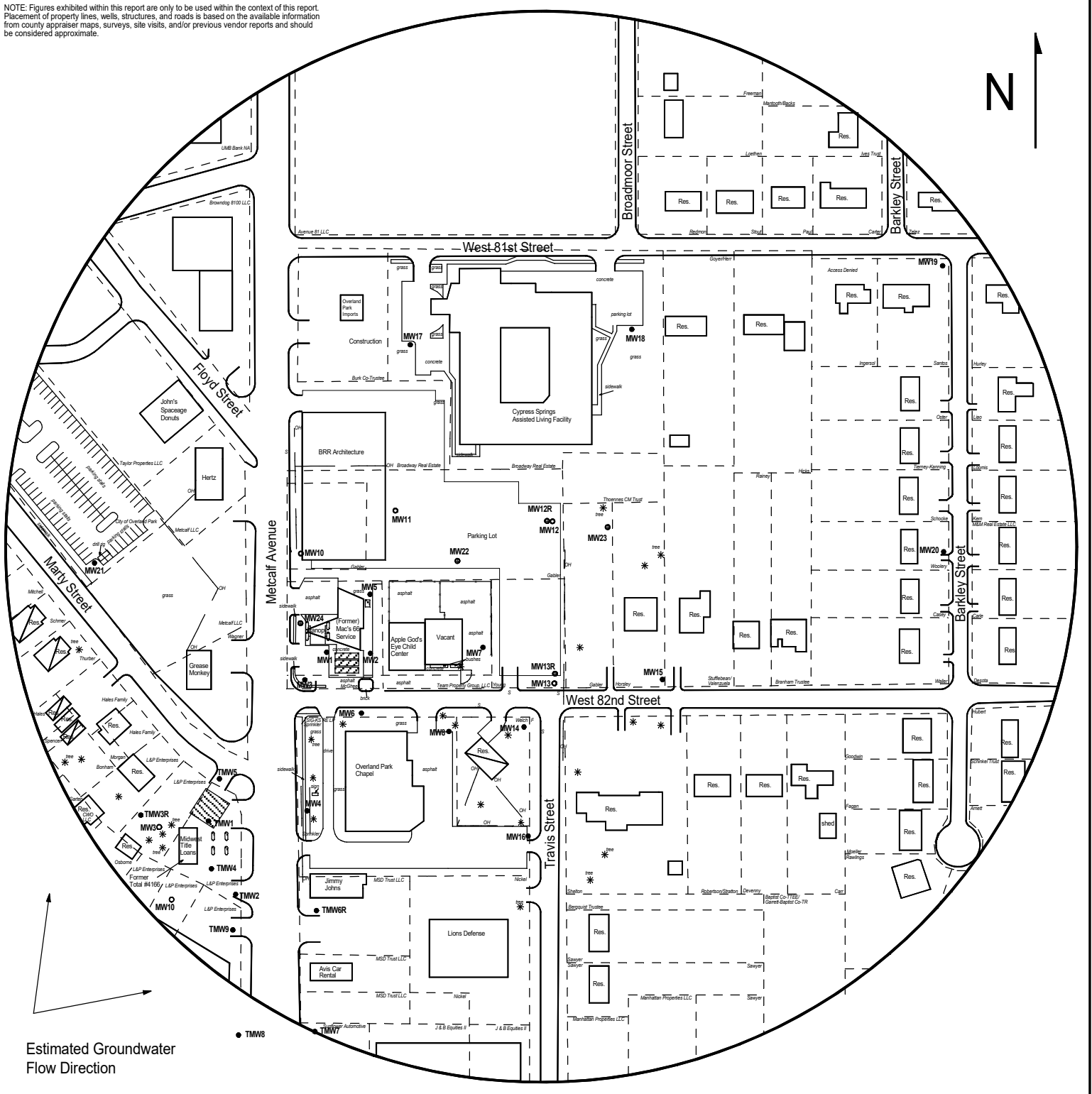


FIGURE 1 - AREA BASE MAP

**LEGEND:**

- Approximate Location of Active UST Basins, Product Lines and Pump Islands
- Approximate Location of Former UST Basins, and Pump Islands
- Approximate Location of Former Waste Oil UST
- Building with Basement
- Existing Monitoring Well
- Plugged Monitoring Well
- Proposed Monitoring Well

**PROJECT:**

Mac's 66 Service  
 8139 Metcalf Ave  
 Overland Park, KS  
 KDHE ID: U4-046-12100  
 Date: 4/11/23



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

# DENNIS L HANDKE

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

Jessica Chapman  
Larsen & Associates  
1311 E. 25<sup>th</sup> Street, Suite B  
Lawrence, Kansas, 66046

May 2, 2023  
Revised June 14, 2023

RE: Monitor Well Elevation Survey  
8139 Metcalf Ave, Overland Park, Kansas

Proj. 23-00Q  
Mac's 66 Service  
U4-046-12100

Bnch Mark: Chiseled Square on North center of Southeast concrete pump island.  
Elev: 1068.79      North 3404      West 5227      (from SE Cor. Sec. 29-12-25E)

MW-12R	rim	1055.53	North	3575	SE1/4,NW1/4,SW1/4,NW1/4
	top pipe	1055.13	West	4907	Lat= 38.98109 Long = 94.66629
MW-13R	rim	1059.06	North	3353	SE1/4,NW1/4,SW1/4,NW1/4
	top pipe	1058.77	West	4907	Lat= 38.98048 Long = 94.66629
MW-22	rim	1059.24	North	3510	SW1/4,NW1/4,SW1/4,NW1/4
	top pipe	1058.85	West	5040	Lat= 38.98091 Long = 94.66676
MW-23	rim	1054.70	North	3564	SW1/4,NW1/4,SW1/4,NW1/4
	top pipe	1054.37	West	4851	Lat= 38.98106 Long = 94.66610
MW-24	rim	1067.44	North	3414	SW1/4,NW1/4,SW1/4,NW1/4
	top pipe	1067.08	West	5252	Lat= 38.98064 Long = 94.66751

Elevation derived from existing project.

Lat & Long derived from Lenexa 7.5 Quad Map

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

