

**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.

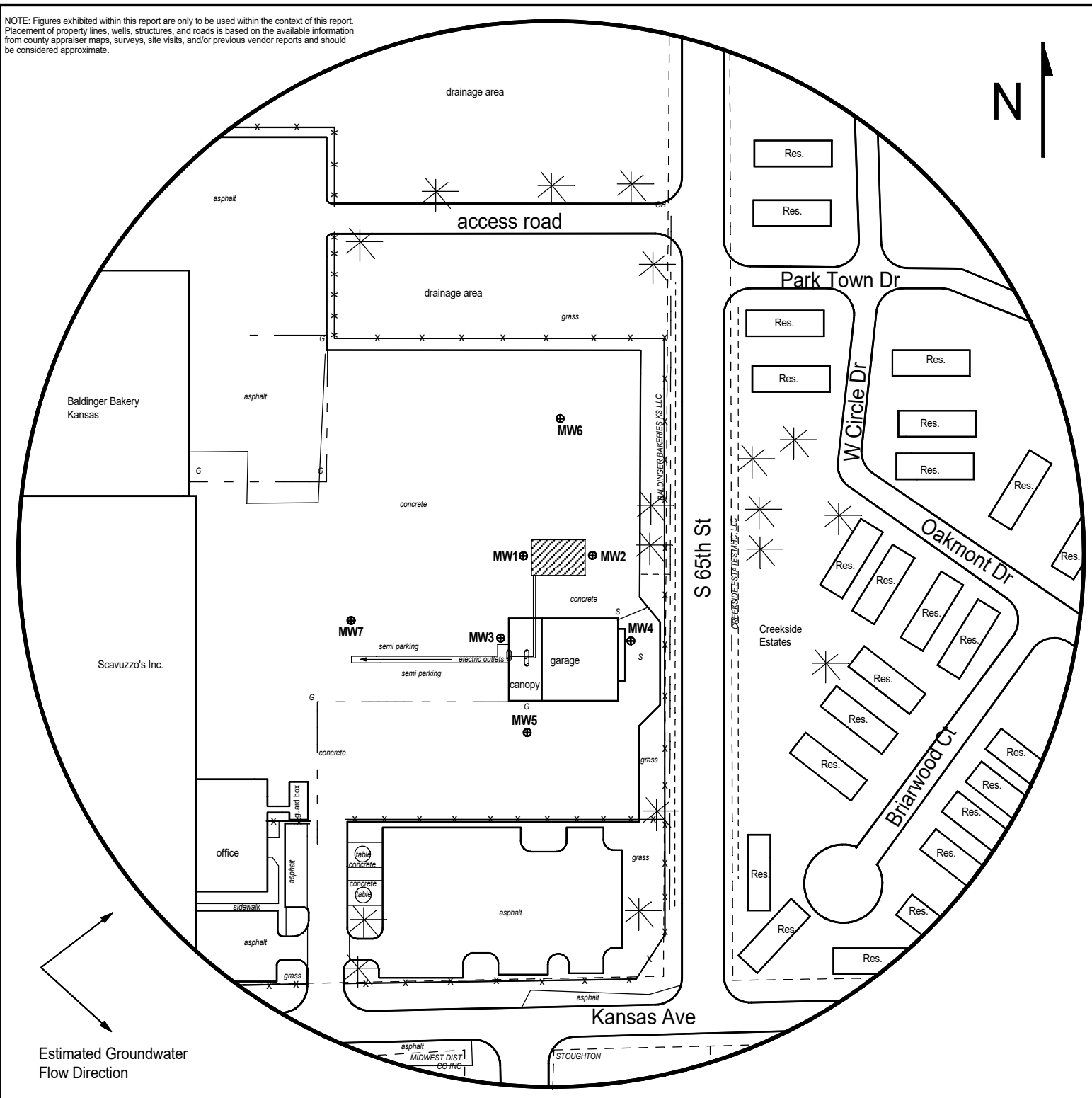


FIGURE 2 - 500 FT RADIUS AREA BASE MAP

**LEGEND:**

- Approximate Location of Former UST Basin, Pump Island, and Product Lines
- Newly Installed Monitoring Well

F Fire Hydrant

- Overhead Lines (25-40 ft high)
- Sewer (2 - 6 ft BGS)
- Gas (2 - 6 ft BGS)
- Drainage Ditch

NOTE: SB5 & SB6 will be drilled to collect hydrological samples.  
NOTE: Utility depths, heights and locations are approximate.



**PROJECT:**

Baldinger Bakeries KS LLC  
530 S 65th St.,  
Kansas City  
KDHE ID: U4-105-15505  
Date: 1/30/24



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

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

February 13, 2024

RE: Monitor Well Elevation Survey  
530 S. 65<sup>th</sup> St., Kansas City, Kansas

Proj. 24-00F  
Baldinger Bakeries KS LLC  
U4-105-15505

Bench Mark: Square cut on Southeast corner of concrete light base North of the building at the job site.

Elev: 764.70      North 449.98      West 1308.41      (from SE Cor. Sec. 15-11-24E)

MW-1	rim	763.64	North	401.01	NE1/4,SE1/4,SW1/4,SE1/4
	top pipe	763.10	West	1333.31	Lat= 39.08880 Long = 94.72865
MW-2	rim	763.29	North	401.80	NW1/4,SW1/4,SE1/4,SE1/4
	top pipe	762.95	West	1272.13	Lat= 39.08880 Long = 94.72843
MW-3	rim	764.10	North	306.54	SE1/4,SE1/4,SW1/4,SE1/4
	top pipe	763.77	West	1361.76	Lat= 39.08854 Long = 94.72875
MW-4	rim	764.03	North	319.36	SW1/4,SW1/4,SE1/4,SE1/4
	top pipe	763.55	West	1231.85	Lat= 39.08857 Long = 94.72829
MW-5	rim	763.17	North	246.83	SW1/4,SW1/4,SE1/4,SE1/4
	top pipe	762.91	West	1331.30	Lat= 39.08838 Long = 94.72865
MW-6	rim	762.48	North	543.67	NW1/4,SW1/4,SE1/4,SE1/4
	top pipe	762.14	West	1293.33	Lat= 39.08919 Long = 94.72851
MW-7	rim	763.51	North	340.25	NE1/4,SE1/4,SW1/4,SE1/4
	top pipe	763.18	West	1488.69	Lat= 39.08863 Long = 94.72920

Lat & Long derived from Shawnee 7.5 quad map. WGS84.

Elevation established from Wyandotte County BM WY 41. NAVD 88

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

