

**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**

--

**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**

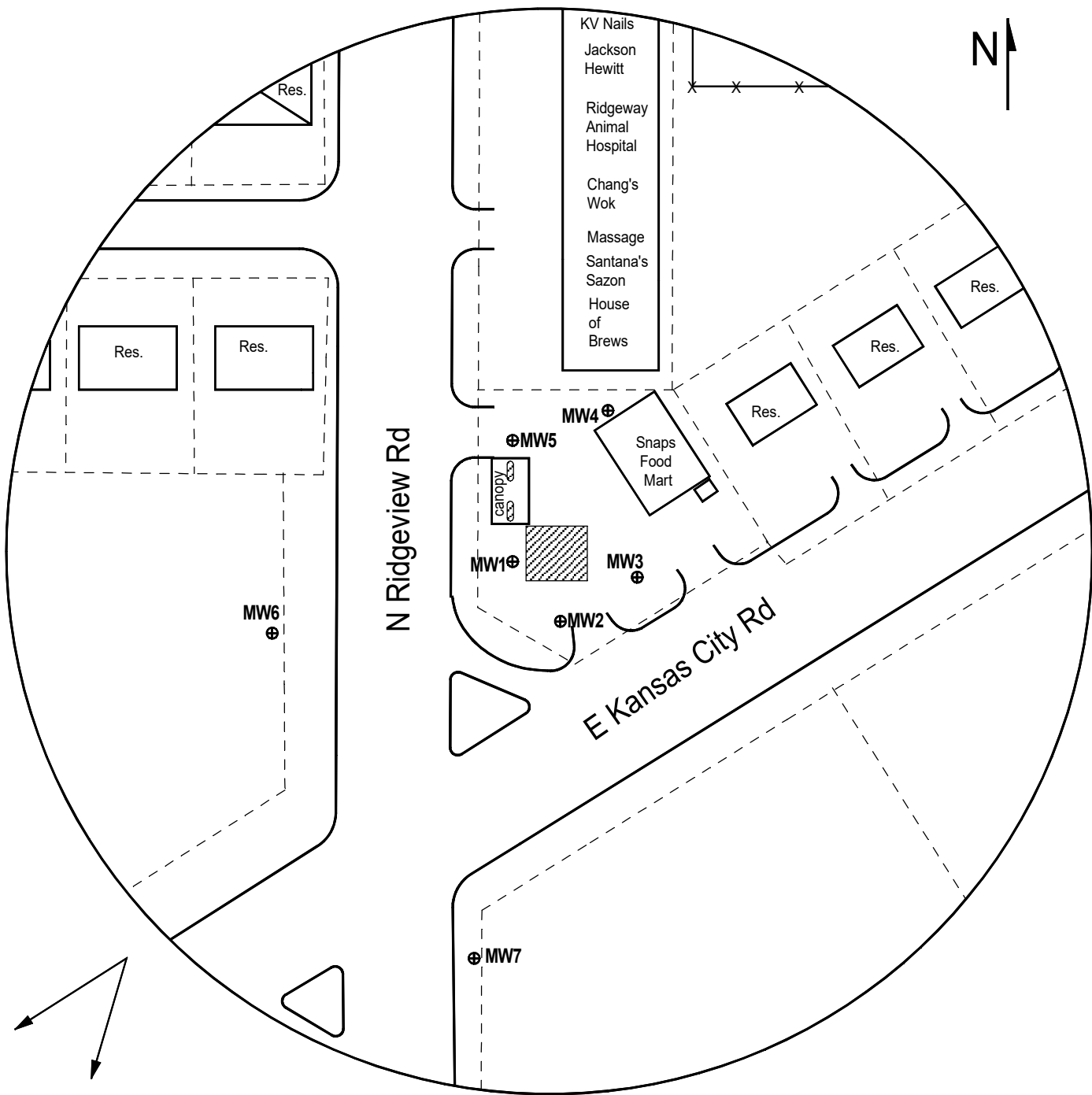
--

**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: _____.
---




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.



Estimated Groundwater Flow Direction

**LEGEND:**

-  Approximate Location of Active UST Basin and Pump Island
-  Building with Basement
-  New Monitoring Well (Installed 2/19-21/24)



**PROJECT:**

Snaps Food Mart  
800 N Ridgeview Rd.,  
Olathe, KS  
KDHE ID: U4-046-15465  
Date: 3/5/24



# 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 29, 2024

RE: Monitor Well Elevation Survey  
800 N. Ridgeview Rd., Olathe, Kansas

Proj. 24-00J  
Snaps Food Mart  
U4-046-15465

Bench Mark: Chisled Sq. on East center of concrete storm inlet at SW corner of property.  
Elev: 1053.15      North 3405.83      West 4996.00      (from SE Cor. Sec. 30-13-24E)

MW-1	rim	1053.21	North	3417.24	SW1/4,NW1/4,SW1/4,NW1/4
	top pipe	1052.78	West	4975.34	Lat= 38.89302 Long = 94.79705
MW-2	rim	1054.63	North	3385.52	SW1/4,NW1/4,SW1/4,NW1/4
	top pipe	1054.36	West	4950.44	Lat= 38.89294 Long = 94.79696
MW-3	rim	1055.56	North	3413.92	SW1/4,NW1/4,SW1/4,NW1/4
	top pipe	1055.06	West	4907.28	Lat= 38.89302 Long = 94.79681
MW-4	rim	1053.95	North	3516.41	SW1/4,NW1/4,SW1/4,NW1/4
	top pipe	1053.39	West	4919.29	Lat= 38.89330 Long = 94.79685
MW-5	rim	1053.61	North	3501.16	SW1/4,NW1/4,SW1/4,NW1/4
	top pipe	1053.07	West	4979.81	Lat= 38.89325 Long = 94.79706
MW-6	rim	1049.07	North	3282.59	SE1/4,NE1/4,SE1/4,NE1/4 (Sec. 25-13-23E)
	top pipe	1048.69	West	5129.36	Lat= 38.89293 Long = 94.79759
MW-7	rim	1052.34	North	3181.82	NW1/4,SW1/4,SW1/4,NW1/4
	top pipe	1051.96	West	4994.16	Lat= 38.89238 Long = 94.79711

Lat & Long derived existing Olathe 7.5' quad map. NAVD 27

Elevation established from NGS Denny RM 3 Azimuth, NAVD 88.

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

