

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.

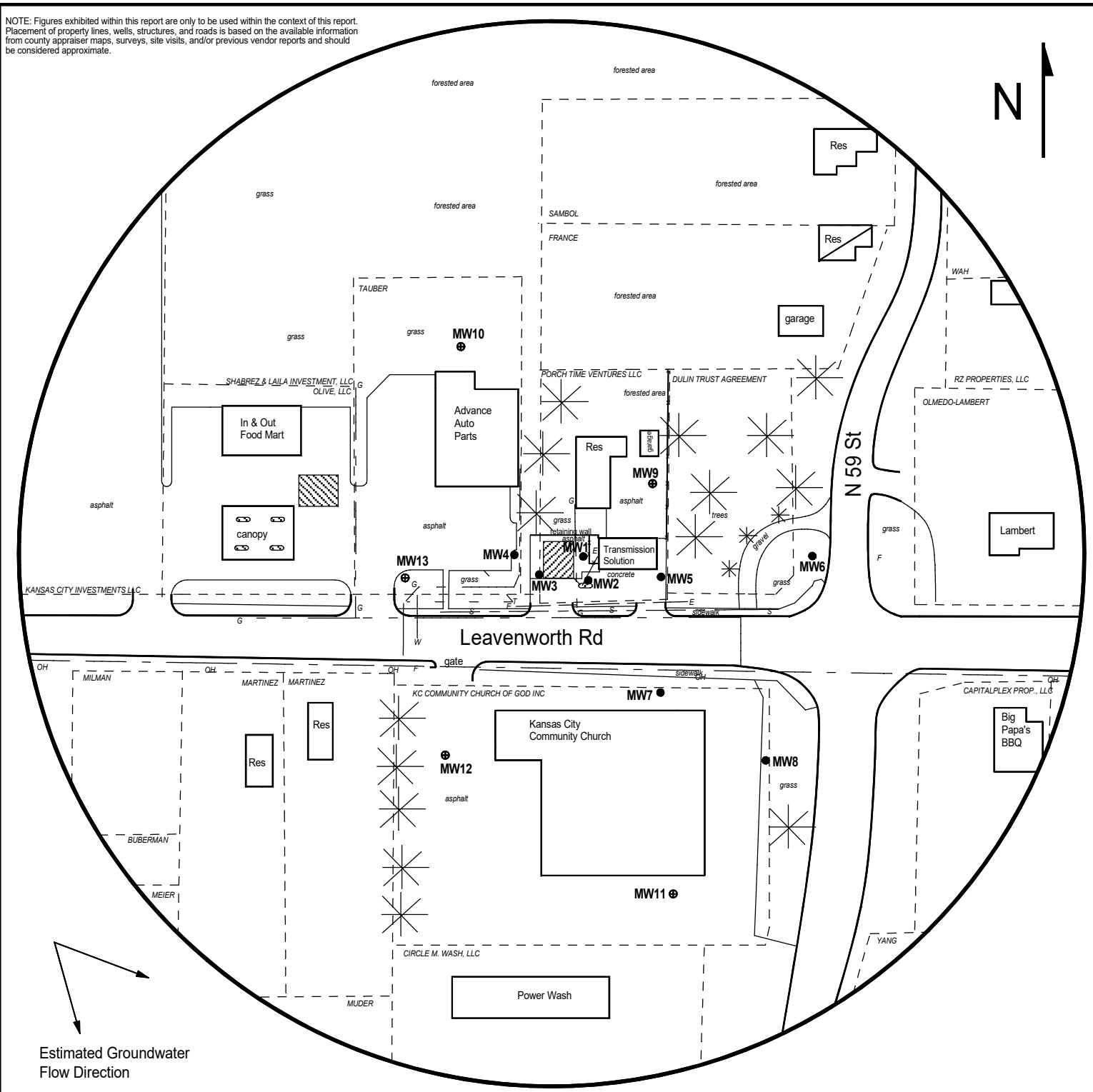


FIGURE 2.1 - 500 FT RADIUS AREA BASE MAP



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

PROJECT:

Former Sunset Filling Station
5918 Leavenworth Rd.,
Kansas City, KS
KDHE ID: U4-105-15484
Date: 4/4-5/24



LEGEND:

- Approximate Location of Former UST Basin, Product Line, and Pump Island
- Approximate Location of Active UST Basin, and Pump Island
- Building with Basement
- New Monitoring Well (Installed 4/1-5/24)
- Soil Boring (Drilled 4/3-4/24)
- Fire Hydrant
- Tree

- Overhead Lines (25-40 ft high)
- Sewer (2 - 6 ft BGS)
- Gas (2 - 6 ft BGS)
- Electric (2 - 6 ft BGS)
- Telephone (2 - 6 ft BGS)
- Water (2 - 6 ft BGS)

NOTE: Utility depths, heights and locations are approximate.

DENNIS L HANDKE

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

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

September 3, 2024

RE: Monitor Well Elevation Survey
5918 Leavenworth Road, Kansas City, Kansas

Proj. 24-00NN
Former Sunset Filling Station
KDHE ID U4-105-15484

Bench Mark: Chisled Sq. on West center of concrete pump island on South side of building.
Elev.: 949.65 North 46.21 West 322.50 (from SE Cor. Sec. 27-10-24E)

MW-9	rim	953.26	North	143.85	SE1/4,SE1/4,SE1/4,SE1/4
	top pipe	952.76	West	240.97	Lat = 39.14348 Long = 94.71597
MW-10	rim	958.94	North	288.65	SW1/4,SE1/4,SE1/4,SE1/4
	top pipe	958.59	West	425.06	Lat = 39.14388 Long = 94.71661
MW-11	rim	939.35	South	232.90	NE1/4,NE1/4,NE1/4,NE1/4 (Sec. 34-10-24E)
	top pipe	939.04	West	247.30	Lat = 39.14244 Long = 94.71600
MW-12	rim	946.22	South	111.36	NW1/4,NE1/4,NE1/4,NE1/4 (Sec. 34-10-24E)
	top pipe	945.65	West	432.19	Lat = 39.14278 Long = 94.71665
MW-13	rim	953.97	North	59.38	SW1/4,SE1/4,SE1/4,SE1/4
	top pipe	953.57	West	471.59	Lat = 39.14325 Long = 94.71678

Lat & Long derived from Parkville 7.5' quad map. WGS84.

Elevation derived from existing project. NAVD 83.

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

