

**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.

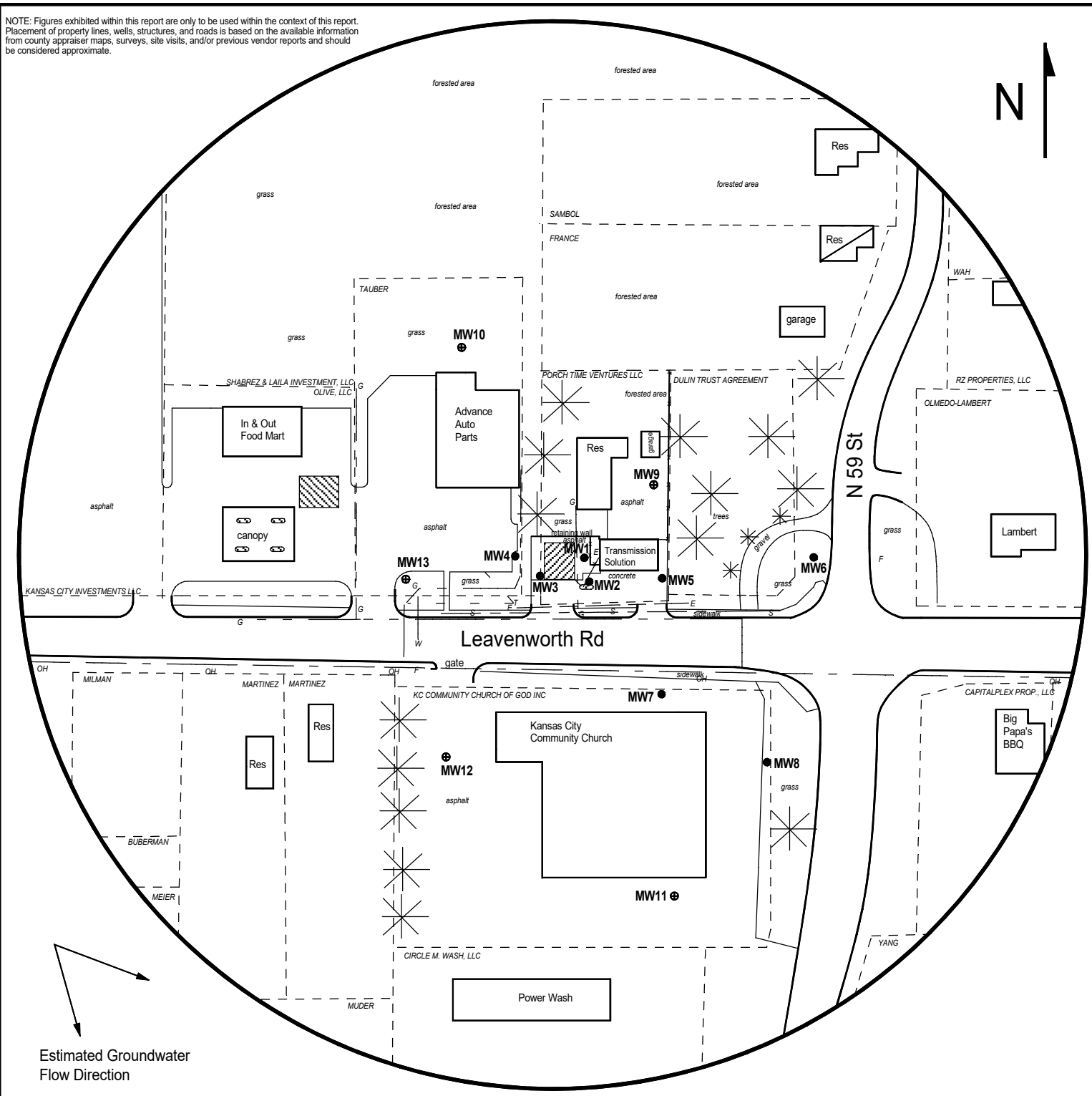


FIGURE 2.1 - 500 FT RADIUS AREA BASE MAP



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

- OH ——— Overhead Lines (25-40 ft high)
- S ——— Sewer (2 - 6 ft BGS)
- G ——— Gas (2 - 6 ft BGS)
- E ——— Electric (2 - 6 ft BGS)
- T ——— Telephone (2 - 6 ft BGS)
- W ——— 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. 25<sup>th</sup> 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.

