

**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:	Borehole diameter:
from _____ to _____ ft.	_____ 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.

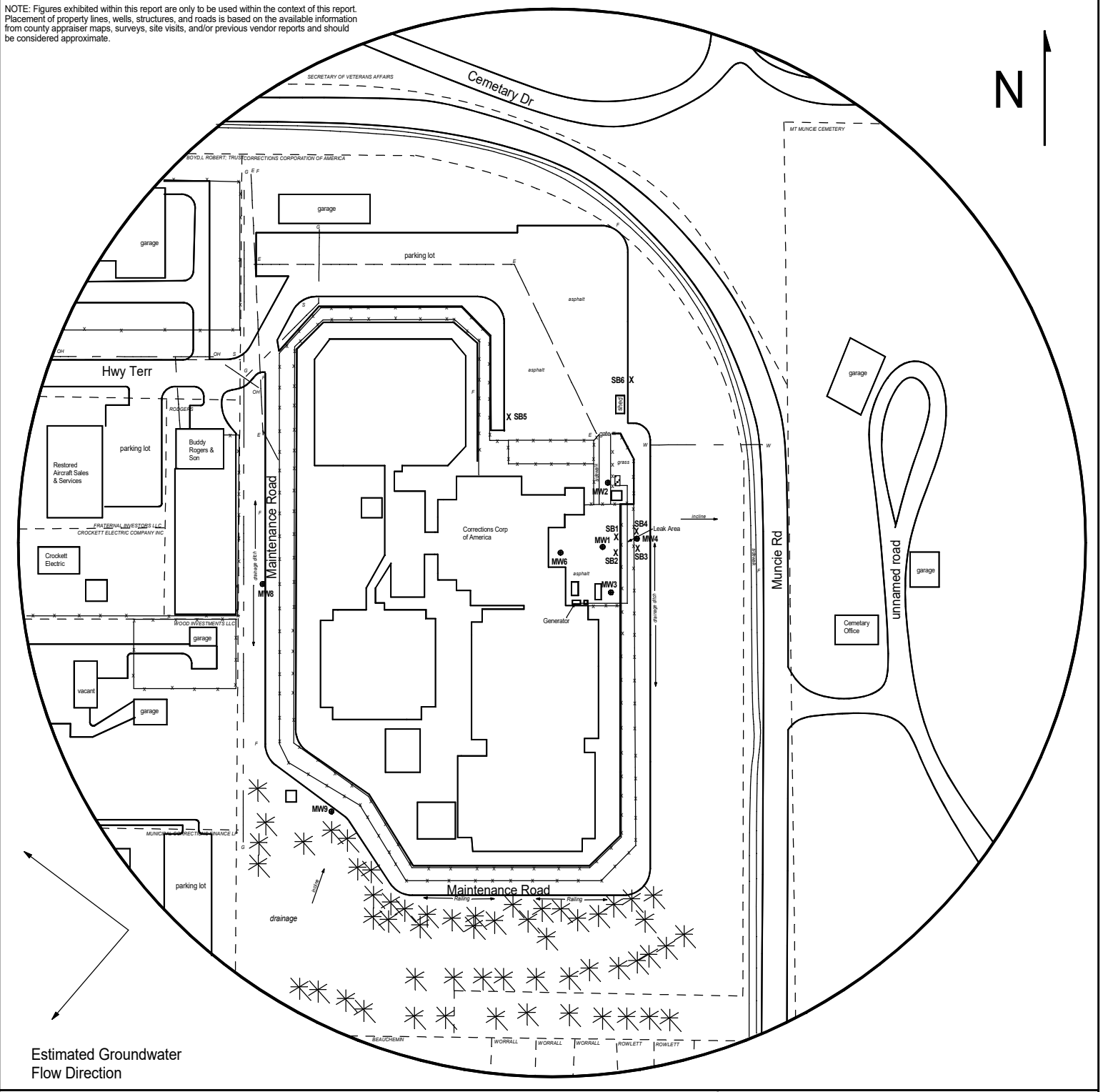


FIGURE 2 - 800 FT RADIUS AREA BASE MAP



**PROJECT:**

Corrections Corp. of America  
100 Highway Terrace,  
Leavenworth, KS  
KDHE ID: A4-052-40533  
Date: 11/1/24

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



**LEGEND:**

- Approximate Location of Active ATS Basin and Product Lines
- Monitoring Well (Installed 11/25-27/24 & 12/2/24)
- Proposed Soil Boring
- Tree/Shrub
- Fire Hydrant
- Sewer
- Overhead Lines (25-40 ft high)
- Gas (2 - 6 ft BGS)
- Water (2 - 6 ft BGS)
- Electric (2 - 6 ft BGS)

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

# 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

December 17, 2024

RE: Monitor Well Elevation Survey  
100 Highway Terrace, Leavenworth, Kansas

Proj. 24-00XX  
Corrections Corp. of America  
KDHE ID A4-052-40533

Bench Mark: Chisled square on SW corner of 16" x 24" concrete electric motor pad at the SE corner of the concrete fuel tank pad at the North gate to the East fenced compound.

Elev.: 867.56      North 4785.54      West 2858.57      (from SE Cor. Sec. 18-9-23E)

MW-1	rim	864.08	North 4693.58	SE1/4,NE1/4,NE1/4,NW1/4
	top pipe	863.74	West 2880.15	Lat = 39.27252    Long = 94.89134
MW-2	rim	865.96	North 4792.03	SE1/4,NE1/4,NE1/4,NW1/4
	top pipe	865.60	West 2875.07	Lat = 39.27279    Long = 94.89132
MW-3	rim	863.17	North 4619.95	NE1/4,SE1/4,NE1/4,NW1/4
	top pipe	862.91	West 2864.56	Lat = 39.27231    Long = 94.89129
MW-4	rim	864.23	North 4986.72	SE1/4,NE1/4,NE1/4,NW1/4
	top pipe	863.88	West 2815.82	Lat = 39.27249    Long = 94.89111
MW-6	rim	865.96	North 4692.29	SE1/4,NE1/4,NE1/4,NW1/4
	top pipe	865.65	West 2941.30	Lat = 39.27252    Long = 94.89156
MW-8	rim	855.25	North 4665.86	SE1/4,NW1/4,NE1/4,NW1/4
	top pipe	854.96	West 3377.17	Lat = 39.27246    Long = 94.89310
MW-9	rim	855.16	North 4301.26	NW1/4,SE1/4,NE1/4,NW1/4
	top pipe	854.97	West 3257.20	Lat = 39.27146    Long = 94.89269

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

Elevation derived from Leavenworth County BM #0512. NAVD 88.

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

