

**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**

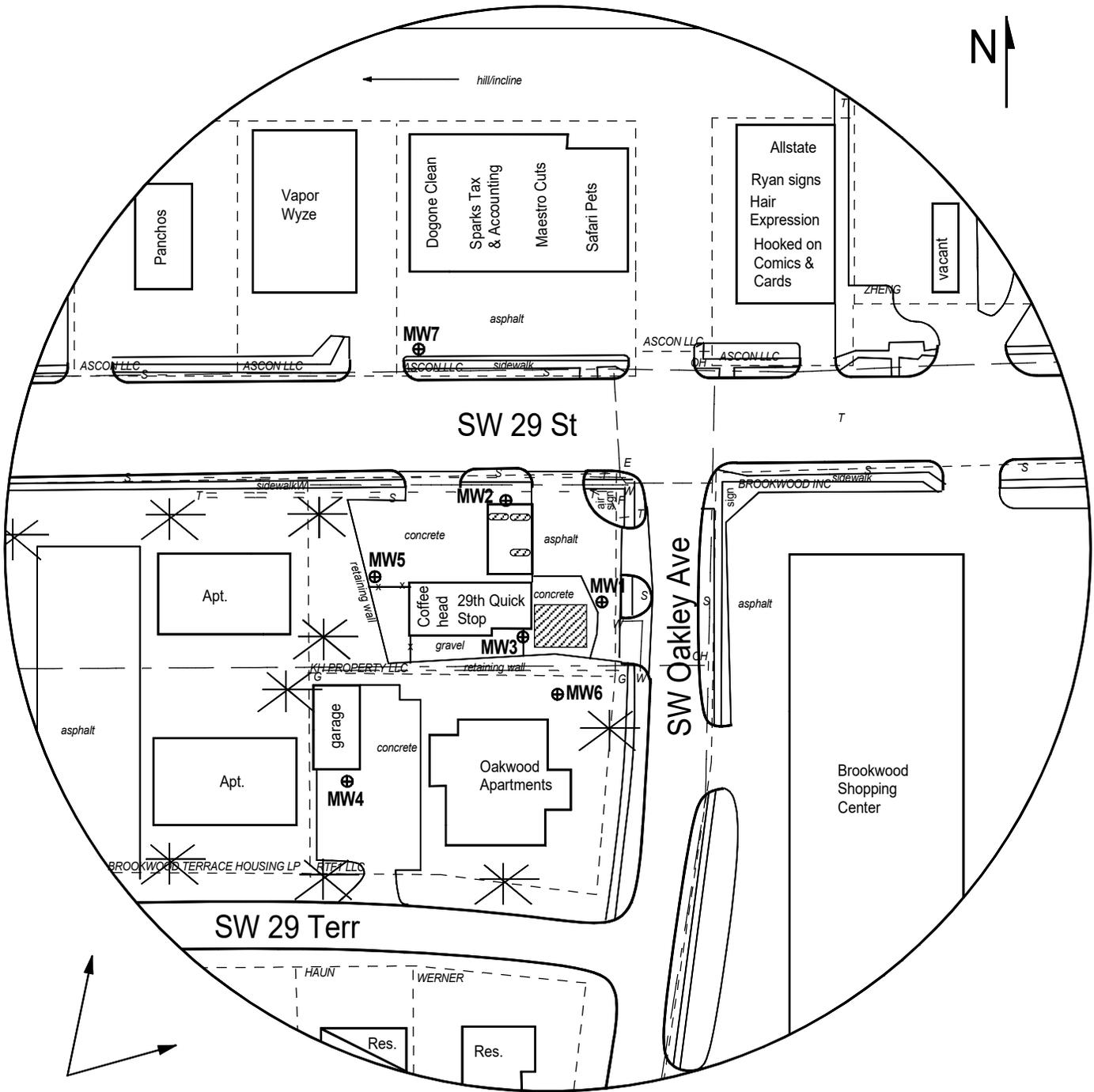
\_\_\_\_\_

**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

**FIGURE 3 - 350 FT RADIUS AREA BASE MAP**

**LEGEND:**

- Approximate Location of Former UST Basin and Pump Island
- Building with Basement
- Existing Monitoring Well
- Proposed Monitoring Well
- Proposed Soil Boring
- Overhead Lines
- Sanitary Sewer (2 - 6 ft BGS)



**PROJECT:**  
 29th Quick Stop  
 3101 SW 29th St,  
 Topeka, KS  
 KDHE ID: U4-089-15627  
 Date: 4/10/25



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

NOTE: Utility depths and locations are approximate.

# 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

April 18, 2025

RE: Monitor Well Elevation Survey  
3101 SW 29<sup>th</sup> St., Topeka, Kansas

Proj. 25-00N  
29<sup>th</sup> Quick Shop  
KDHE ID U4-089-15627

Bench Mark: Chisled X on top NW bolt of old concrete sign base near the NE Corner of property.  
Elev: 905.04      North 5205.00      West 2813.37      (from SE Cor. Sec. 5-10-19E)

MW-1	rim	906.08	North	5135.27	NE1/4,NE1/4,NE1/4,NW1/4
	top pipe	905.75	West	2817.36	Lat = 39.01469    Long = 95.71624
MW-2	rim	906.04	North	5201.29	NE1/4,NE1/4,NE1/4,NW1/4
	top pipe	905.59	West	2885.90	Lat = 39.01487    Long = 95.71648
MW-3	rim	907.33	North	5115.40	NE1/4,NE1/4,NE1/4,NW1/4
	top pipe	906.70	West	2877.22	Lat = 39.01463    Long = 95.71645
MW-4	rim	915.63	North	5023.66	NE1/4,NE1/4,NE1/4,NW1/4
	top pipe	915.30	West	2962.83	Lat = 39.01438    Long = 95.71675
MW-5	rim	907.32	North	5154.85	NE1/4,NE1/4,NE1/4,NW1/4
	top pipe	907.06	West	2957.98	Lat = 39.01474    Long = 95.71674
MW-6	rim	912.15	North	5078.43	NE1/4,NE1/4,NE1/4,NW1/4
	top pipe	911.49	West	2843.88	Lat = 39.01453    Long = 95.71633
MW-7	rim	909.32	North	5291.84	SE1/4,SE1/4,SE1/4,SW1/4 (Sec.32-9-19E)
	top pipe	908.92	West	2938.57	Lat = 39.01512    Long = 95.71667

Elevation derived from City of Topeka Bench Mark #25.1 NAVD 88

Lat & Long derived from Topeka 7.5 Quad Map WGS84

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

