

WATER WELL RECORD (WWC5.2)

Constructed

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

County		Section		Township		Range	$\frac{E}{W}$	Fraction	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{4}$
Latitude		Longitude		Datum		Elevation					

WATER WELL LOCATION

at owner's address

WATER WELL OWNER

Name	
Business	
Address	

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____
 KDHE / EPA Project Code: _____
 Site Name: _____
 KDHE UIC Class V Form Completed: Yes No
 County/Local Permit Required? Yes No
 Permit Obtained? Yes No Permit ID: _____
 Oil/Gas Lease Name & Well #: _____

CONSTRUCTION

Casing: Height above land surface: _____ in.
 Is casing height less than 12 inches? Yes No

Blank Casing type: _____
 1st interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____
 2nd interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____
 3rd interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____

Screen / Perforation material: _____

Specify if other: _____

Screen / Perforation openings: _____

1st interval _____ ft. to _____ ft. Slot Size _____

2nd interval _____ ft. to _____ ft. Slot Size _____

3rd interval _____ ft. to _____ ft. Slot Size _____

WELL WATER USE

Additional info if required:

of Boreholes

of Dewatering Wells

COMPLETION

Depth of completed well: _____ ft.

Depth(s) groundwater encountered: Dry Well

(1) _____ ft.; (2) _____ ft.; (3) _____ ft.;

Static water level in well: _____ ft.

Date measured: _____

Measured from: Top of Casing or Ground Surface

Measured: Above or Below Land Surface

Estimated yield: _____ gpm

Pump Test Date: Water level was:

_____ ft. after _____ hours pumping _____ gpm

_____ ft. after _____ hours pumping _____ gpm

Pump Information:

Pump Installed? Yes No Date: _____

Pump Type: Horsepower: Volts:

Drop Pipe Diameter: in. Drop Pipe Length: ft.

Water well disinfected? Yes No

Date disinfected (mm/dd/yy): _____

CONSTRUCTION**Borehole interval:**

from _____ to _____ ft.

from _____ to _____ ft.

from _____ to _____ ft..

Borehole diameter:

_____ in.

_____ in.

_____ in.

Grout:

1st Interval: _____ ft. to _____ ft. Grout material: _____

2nd Interval: _____ ft. to _____ ft. Grout material: _____

3rd Interval: _____ ft. to _____ ft. Grout material: _____

Gravel pack:

Not Used

1st Interval: _____ ft. to _____ ft. Gravel Size: _____

2nd Interval: _____ ft. to _____ ft. Gravel Size: _____

3rd Interval: _____ ft. to _____ ft. Gravel Size: _____

DESIGNATED PERSON**WELL COMPLETION DATE****CONTRACTOR BUSINESS NAME**

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Latitude		Longitude			Datum			Elevation			
Well Owner				Well Owner Business							

NEAREST SOURCE OF POTENTIAL CONTAMINATION	or	No potential source of contamination within 100 ft.
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Source:				Source:			
Distance from well (ft):		Direction from well:		Distance from well (ft):		Direction from well:	
Source description:				Source description:			
Required information for local entity?	Yes	No		Required information for local entity?	Yes	No	

LITHOLOGIC LOG

AQUIFER, if known[illegible]

COMMENTS

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 _____, KS 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 the water well owner and the contractor should retain one copy.

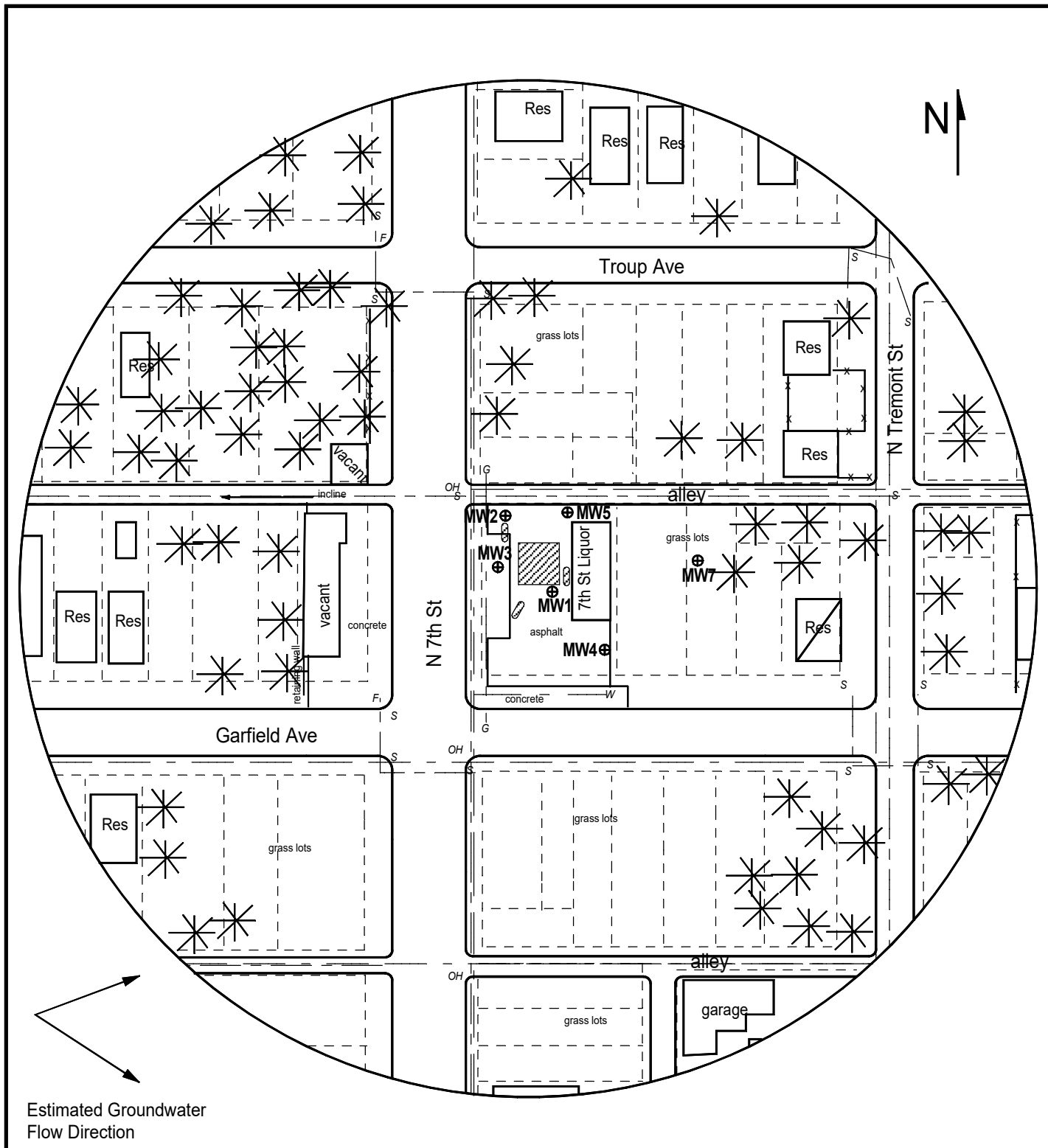


FIGURE 3 - 350 FT RADIUS AREA BASE MAP



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

PROJECT:

McKennis Property
1927 N 7th St.,
Kansas City, KS
KDHE ID: U4-105-13343
Date: 1/9/26

0 100 ft

LEGEND:

- Approximate Location of Former UST Basin and Pump Island
- Building with Basement
- Proposed Monitoring Well
- Proposed Soil Boring
- Fire Hydrant
- Tree/Bush
- Overhead Lines
- Sewer (2 - 6 ft BGS)
- Gas (2 - 6 ft BGS)
- Water (2 - 6 ft BGS)

NOTE: SB5 & SB6 will be drilled to collect hydrological data.
NOTE: Utility depths 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 Street, Suite B
Lawrence, Kansas, 66046

March 26, 2026

RE: Monitor Well Elevation Survey
1927 North 7th Street, Kansas City, Kansas

Proj. 26-00H
McKennis Property
U4-105-13343

Bench Mark: Chisled Square on Southwest corner of concrete sidewalk at the Southwest corner of building.

Elev: 903.88 North 3701.61 West 4015.53 (from SE Cor. Sec. 3-11-25E)

MW-1	rim	904.05	North	3721.65	NE1/4,NE1/4,SW1/4,NW1/4
	top pipe	903.65	West	4038.17	Lat= 39.12694 Long = 94.62657
MW-2	rim	905.24	North	3768.59	NE1/4,NE1/4,SW1/4,NW1/4
	top pipe	904.87	West	4069.66	Lat= 39.12707 Long = 94.62668
MW-3	rim	903.98	North	3732.06	NE1/4,NE1/4,SW1/4,NW1/4
	top pipe	903.63	West	4071.47	Lat= 39.12697 Long = 94.62669
MW-4	rim	900.93	North	3678.68	NE1/4,NE1/4,SW1/4,NW1/4
	top pipe	900.68	West	3995.38	Lat= 39.12683 Long = 94.62642
MW-5	rim	903.19	North	3773.94	NE1/4,NE1/4,SW1/4,NW1/4
	top pipe	902.82	West	4023.31	Lat= 39.12709 Long = 94.62652
MW-7	rim	895.46	North	3731.24	NW1/4,NW1/4,SE1/4,NW1/4
	top pipe	895.10	West	3927.51	Lat= 39.12697 Long = 94.62618

Lat & Long derived from Shawnee 7.5 quad map. WGS84.

Elevation established from USGS BM R 281. NAVD 88

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

