

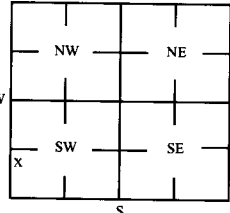
WATER WELL RECORD

Form WWC-5

Original Record Correction Change in Well Ust

Division of Water Resources App. No.

Well ID **MW8**

1 LOCATION OF WATER WELL: County Johnson		Fraction NW ¼ SW ¼ SW ¼ SW ¼		Section Number 32	Township Number T 12 S	Range Number R 25 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
2 WELL OWNER: Last Name: First: Business: Kansas Department of Health and Environment Address: 1000 SW Jackson, Suite 410 Address: City Topeka State: KS ZIP: 66612			Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> 9401 Metcalf, Overland Park, KS 66212			
3 LOCATE WELL WITH "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: 29.5 ft Depth(s) Groundwater Encountered: 1) 15 ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 12.45 ft <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 6/23/22 <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm Water well was _____ ft after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 8.25 in to _____ ft, and _____ in to _____ ft		5 Latitude: 38.95850 (decimal degrees) Longitude: -94.66666 (decimal degrees) Horizontal Datum <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper		6 Elevation 963.72 ft <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____	

7 WELL WATER TO BE USED AS:

1 Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	5 <input type="checkbox"/> Public Water Supply: well ID 6 <input type="checkbox"/> Dewatering: how many wells? 7 <input type="checkbox"/> Aquifer Recharge: well ID 8 <input checked="" type="checkbox"/> Monitoring: well ID MW8 9 Environmental Remediation: well II <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10 <input type="checkbox"/> Oil Field Water Supply: lease 11 Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12 Geothermal: How many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water <input type="checkbox"/> Other (specify): _____
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Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: _____

Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other _____ CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 2 in. to 19.5 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft,
 Casing height above land surface -0.29 in. Weight _____ lbs./ft. Well thickness or gauge No _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel Fiberglass PVC Other (Specify) _____
 Brass Galvanized Steel Concrete tile None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) _____
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 19.5 ft. to 29.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,
GRAVEL PACK INTERVALS: From 17.5 ft. to 29.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete: 0-0.5'
 Grout intervals: From 0.5 ft. to 17.5 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,

Nearest source of possible contamination:

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input checked="" type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well / Gas Well
<input type="checkbox"/> Other (Specify) _____				

Direction from well? N Distance from well? ~300 ft

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	0.5	Dark brown top soil			
0.5	1	Reddish brown clay			
1	1.5	Light brown clay			
1.5	2	Gray clay			
2	7	Rock layer			
7	14	Light brown clay			
14	20	Brown clay			
20	28	Tan shale			
28	29.5	Blue shale			

Notes: KDHE ID: French Market Dry Cleaning; C4-046-73624
 Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE.

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6/15/22 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 757 This Water Well Record was completed on (mo-day-year) 7/26/22 under the business name of Larsen & Associates, Inc. Signature _____

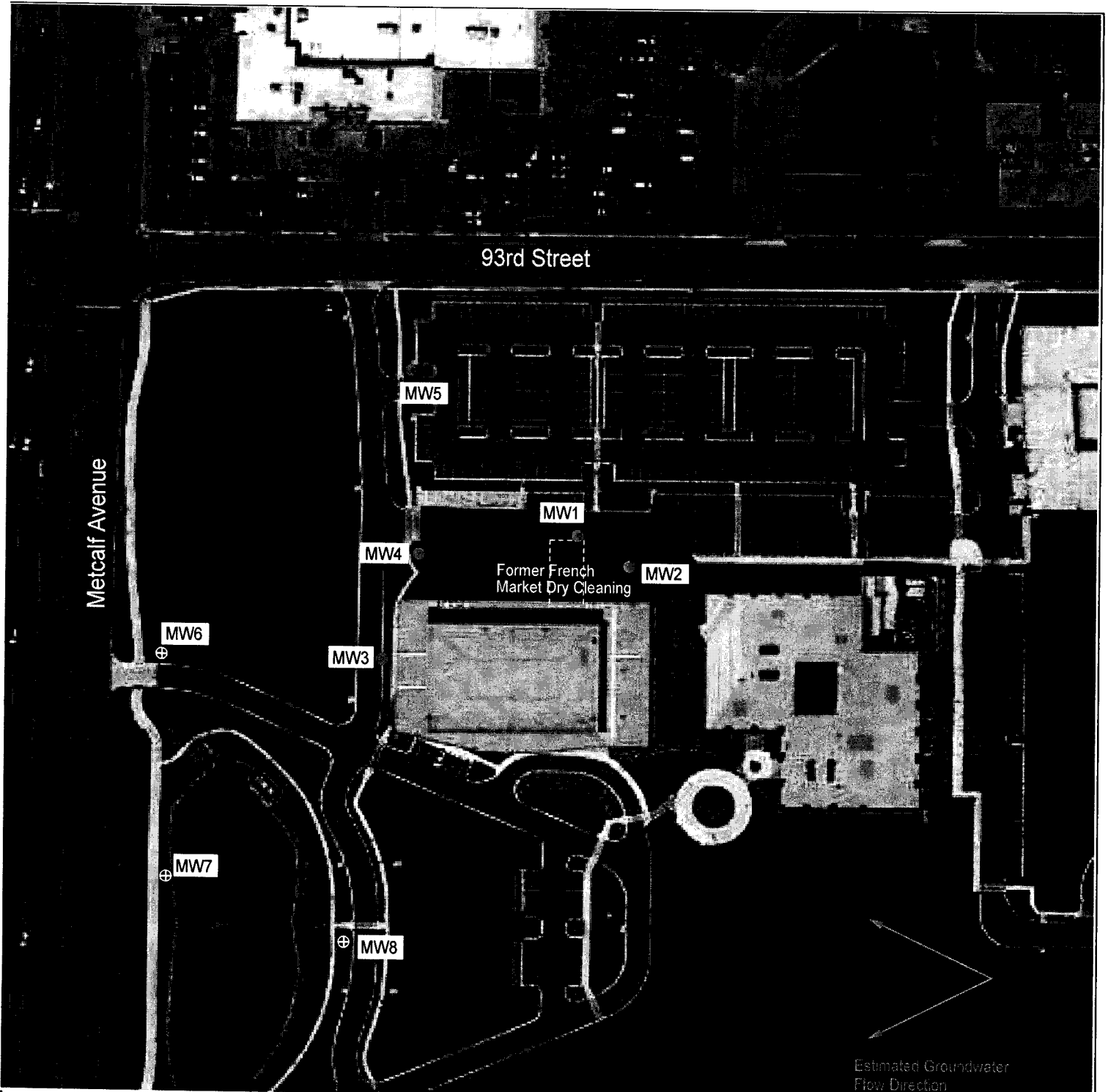


FIGURE 1 - PROPOSED WELL LOCATIONS

LEGEND

- Approximate Location of Former Building Outline
- Monitoring Well (Installed 10/5-7/21)
- ⊕ Proposed Monitoring Well Location



PROJECT:

French Market Dry Cleaning
 9401 Metcalf
 Overland Park, KS
 KDHE ID: C4-046-73624
 Date: 6/3/22



1311 E 25th St., Suite B 785-841-8707 office
 Lawrence, KS 66046 785-865-4282 fax

Johnson

32-12-25E

ll

DENNIS L HANDKE

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

Jess Chapman
Larsen & Associates
1311 E. 25th Street, Suite B
Lawrence, Kansas, 66046

July 13, 2022

RE: Monitor Well Elevation Survey
9401 Metcalf, Overland Park, Kansas

Proj. 22-00NN
French Market Dry Cleaning
U4-046-73624

Bench Mark: Square cut on Northwest corner of concrete sewer lid South of 93rd Street and East of the West entrance to property.

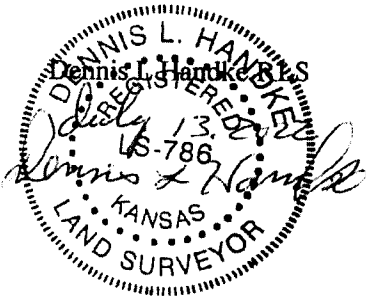
Elev: 958.55 North 1261.17 West 4991.32 (from SE Cor. Sec. 32-12-25E)

MW-6	rim	948.07	North	905.12	SW1/4,NW1/4,SW1/4,SW1/4
	top pipe	947.59	West	5204.96	Lat= 38.95927 Long = 94.66734
MW-7	rim	951.19	North	697.03	SW1/4,NW1/4,SW1/4,SW1/4
	top pipe	950.87	West	5188.84	Lat= 38.95870 Long = 94.66728
MW-8	rim	964.01	North	625.38	NW1/4,SW1/4,SW1/4,SW1/4
	top pipe	963.72	West	5012.45	Lat= 38.95850 Long = 94.66666

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

Elevation established from existing project. NAVD 88

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



RECEIVED

AUG 01 2022

BUREAU OF WATER