

Leavenworth

1-9-22

DENNIS L HANDKE

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

Jess Chapman
Larsen & Assoc.
1311 E. 25th St., Suite B
Topeka, Kansas 66046

April 15, 2022

RE: Monitor Well Elevation Survey
2912 S. 4th St., Leavenworth, Kansas

Proj. 22-00V
Adams Standard Service
KDHE ID U4-052-00086

Bench Mark: Chisled X on North top bolt of fire hydrant near the SE corner of Applebee's building.
Elev.: 831.45 North 4909.61 West 1818.59 (from SE Cor. Sec. 12-9-22E)

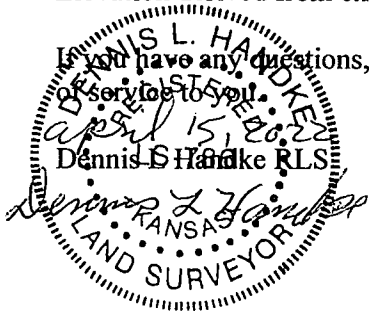
MW-2	rim	828.88	North 4997.25	NW1/4,NE1/4,NW1/4,NE1/4
	top pipe	828.07	West 1840.18	Lat = 39.28801 Long = 94.90640
MW-3	rim	821.40	North 4863.50	SW1/4,NE1/4,NW1/4,NE1/4
	top pipe	821.23	West 1929.42	Lat = 39.28765 Long = 94.90671
MW-19	rim	799.03	North 5562.62	SW1/4,SW1/4,SE1/4,SE1/4 (Sec. 1-9-22E)
	top pipe	798.61	West 1158.30	Lat = 39.28756 Long = 94.90399
MW-20	rim	792.43	North 5612.57	NE1/4,SE1/4,SW1/4,SE1/4 (Sec. 1-9-22E)
	top pipe	792.12	West 1447.63	Lat = 39.28970 Long = 94.90501
MW-21	rim	827.78	North 5037.22	NE1/4,NW1/4,NW1/4,NE1/4
	top pipe	827.32	West 2188.33	Lat = 39.28812 Long = 94.90763

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

Elevation derived from existing project. NAVD 88.

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

service to you.
April 15, 2022
Dennis L Handke RLS



RECEIVED
MAY 17 2022
BUREAU OF WATER

WATER WELL RECORD

Form WWC-5

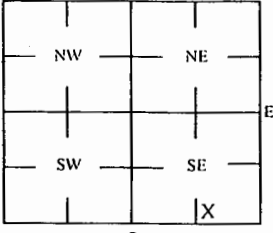
Division of Water
Resources App. No.

39.28756

Well ID

MW19

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County Leavenworth		Fraction SW ¼ SW ¼ SE ¼ SE ¼		Section Number 1	Township Number T 9	Range Number S R 22 <input checked="" type="checkbox"/> E: <input type="checkbox"/> W
2 WELL OWNER: Last Name: Business: KDHE (Adams Standard Service) Address: 1000 SW Jackson St. City Topeka State: KS ZIP: 66612			First: 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"/> 131 Logan St, Leavenworth, KS 66048			
3 LOCATE WELL WITH "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: 22 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 15.14 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 4/18/2022 <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: 7.25 in to _____ ft, and _____ in to _____ ft		5 Latitude: 39.28756 (decimal degrees) Longitude: 94.90399 (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: 798.61 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"/> Fcedlot <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 MW19 9 Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extractor <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): _____		
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____ Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2 in. to 7 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.42 in. Weight _____ lbs./ft. Well thickness or gauge No _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) SCREEN-PERFORATED INTERVALS: From 7 ft. to 22 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 5 ft. to 22 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,						
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete: 0-0.5' Grout intervals: From 0.5 ft. to 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 type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input checked="" 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? SW Distance from well? ~900 ft						
10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS						
0		1		Topsoil		
1		4		Silty clay		
4		20		Clay		
20		21		Shale		
21		22		Limestone		
Notes: KDHE ID: Adams Standard Service; U4-052-00086 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 <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 3/28/22 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) 5/10/22 under the business name of Larsen & Associates, Inc. Signature _____						
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GW Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015						

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.

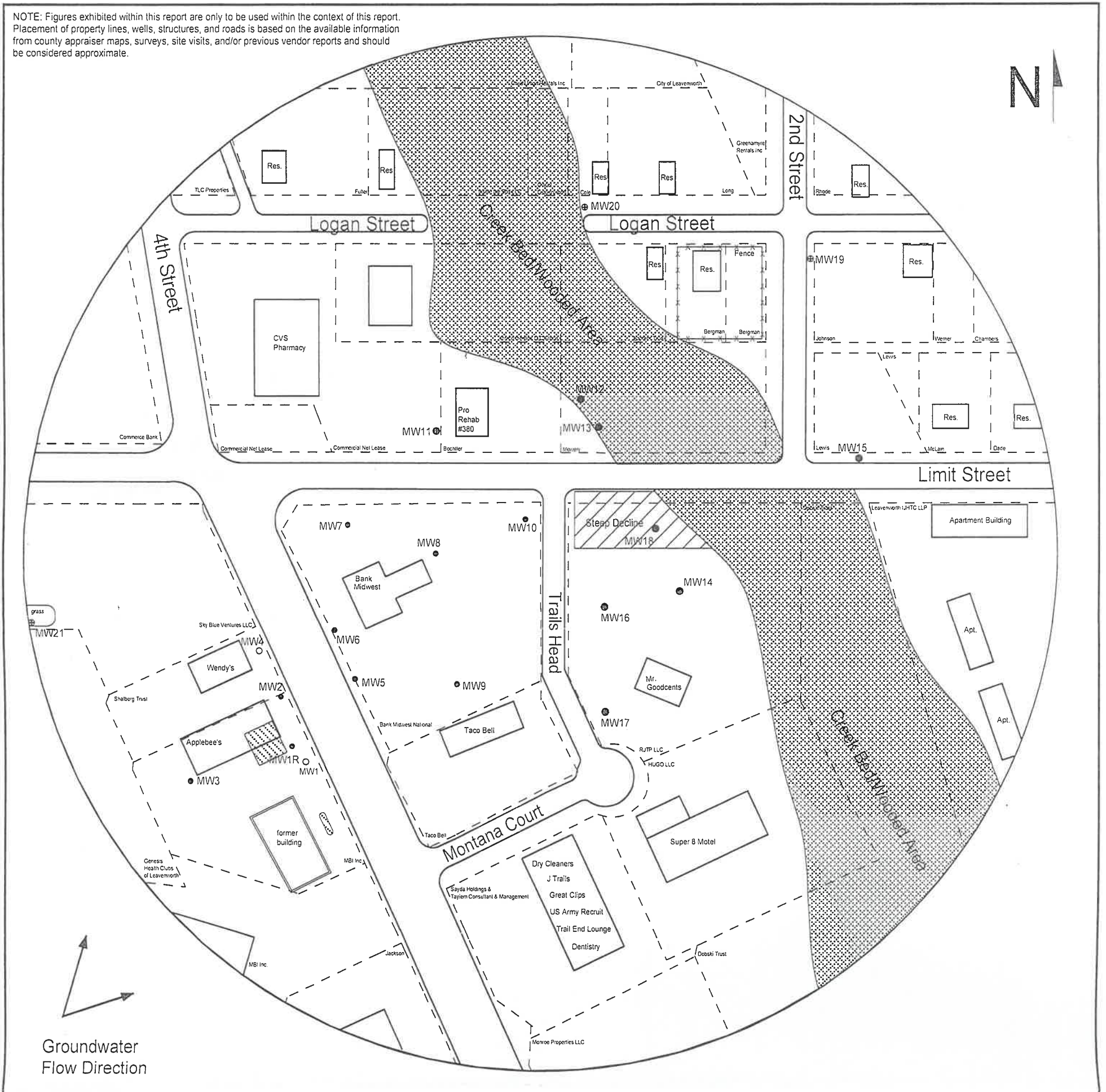





FIGURE 1 - 650 FOOT RADIUS AREA BASE MAP

LEGEND:

-  Approximate Location of Former UST Basin & Pump Island
-  Lost/Destroyed Monitoring Well
-  Monitoring Well
-  New Monitoring Well Installed 3/28/22

NOTE: Approximate location of product lines is unknown.
NOTE: MW9 is no longer within the scope of work.



PROJECT:

Adams Standard Service
2912 S. 4th Street
Leavenworth, KS
KDHE ID: U4-052-00086
Date: 3/28/22



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

1-7-2022