

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Wyandotte

Location listed as: Prairie County

Location changed to: Wyandotte County

Section-Township-Range: 36-10S-23E

36-10S-23E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SW

SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Directions given by driller

initials: JS date: 9-29-04

KCK

1 LOCATION OF WATER WELL: County: <u>Prairiie</u>	Fraction <u>SW</u> 1/4 1/4 1/4	Section Number <u>36</u>	Township Number T <u>10</u> S	Range Number R <u>23</u> <u>Q/W</u>
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Distance and direction from nearest town or city street address of well if located within city?

14 mi. west of Kansas City, KS

2 WATER WELL OWNER: KCBPA Maywood
 RR#, St. Address, Box # : 9724 Parallel Pkwy.
 City, State, ZIP Code : Kansas City, KS 66109
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
--NW--	--NE--
W	E
--SW--	--SE--
S	

4 DEPTH OF COMPLETED WELL 16 ft. ELEVATION: 15 ft.

Depth(s) Groundwater Encountered 1 dry ft. 2 dry ft. 3 dry ft.

WELL'S STATIC WATER LEVEL dry ft. below land surface measured on mo/day/yr 8/20/04

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Domestic (lawn & garden)
		9 Dewatering
		10 Other (Specify below)
		12 Other (Specify below)

Temp
Piezometer - (B-2)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter 2 in. to 5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 36 in., weight _____ lbs./ft. Wall thickness or guage No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	7 PVC	10 Asbestos-Cement
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RMP (SR)	11 Other (Specify) _____
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From 5 ft. to 15 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 5 ft. to 15 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 3 ft. to 0 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	0.5'	Organic material	0'	3'	bentonite grout
0.5'	5'	Silty shale, lt. olive brown, dry stiff			
5'	15'	Shale, yellowish brown			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 8-20-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 709 This Water Well Record was completed on (mo/day/yr) 8-20-04 under the business name of MAXS by (signature) David [unclear]