

County: Wyandotte Fraction: SWSE SW Sec. 26 T 10 S R 24 EW

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

Owner: Board of Public Utilities (to rectify lacking or incorrect information)

Location was listed as:

Section-Township-Range: 24-50-24 E

Fraction (1/4 1/4 1/4): NW SE NW

Location changed to:

26-10-24 E

SW SE SW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

Verification method: Address, KGS mapping tool

initials: JLS date: 2/6/2015

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

**WATER WELL PLUGGING RECORD** Form WWC-5P KSA 82a-1212 ID NO. \_\_\_\_\_

<b>1 LOCATION OF WATER WELL:</b> County: <u>Wyandotte</u>	Fraction <u>1/4 NW 1/4 SE 1/4 NW 1/4</u>	Section Number <u>24</u>	Township Number <u>T 50 S</u>	Range Number <u>24</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location: if unknown, distance & direction from nearest town or intersection. If at owner's address, check here <input type="checkbox"/> <u>4240 N. 56th Street, Kansas City, Kansas</u>		Global Positioning Systems (GPS) information: Latitude: <u>32.546.975</u> (in decimal degrees) Longitude: <u>225.0242.932</u> (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m		
<b>2 WATER WELL OWNER:</b> Board of Public Utilities RR#, St. Address, Box #: <u>700 Minnesota Avenue</u> City, State ZIP Code: <u>Kansas City, Kansas 66101</u>				

<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF WELL</b> <u>36</u> ft. <b>WELL'S STATIC WATER LEVEL</b> <u>8.30</u> ft. <b>WELL WAS USED AS:</b> <input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**5 TYPE OF BLANK CASING USED:**

Steel  RMP (SR)  Wrought  Fiberglass  Other (Specify below) \_\_\_\_\_  
 PVC  ABS  Asbestos-Cement  Concrete Tile

Blank casing diameter 4 in. Was casing pulled? Yes  No  If yes, how much 31  
 Casing height above or below land surface 24 in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug intervals: From 3 ft. to 36 ft., From 0 ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
 Septic tank  Sepage pit  Fuel Storage  Other (specify below) Fly Ash Pond  
 Sewer lines  Pit privy  Fertilizer storage  
 Watertight sewer lines  Sewage lagoon  Insecticide storage  
 Lateral lines  Feedyard  Abandoned water well Direction from well? \_\_\_\_\_  
 Cess pool  Livestock pens  Oil well/Gas well How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>3</u>	<u>36</u>	<u>Bentonite</u>			
<u>0</u>	<u>3</u>	<u>clean silt/silty clay</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/3/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 804. This Water Well Record was completed on (mo/day/year) 11/13/14 under the business name of Environmental Priority Service, Inc. by (signature) [Signature]

**INSTRUCTIONS:** Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.