

WATER WELL RECORD Form WWC-5

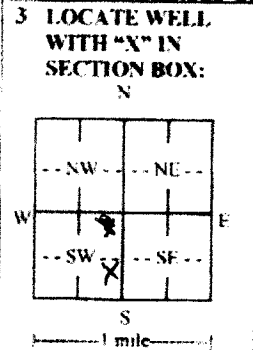
Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL:
 County: **Wyandotte** Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$ Section Number **13** Township Number **T 10 S** Range Number **R 24 E W**

2 WELL OWNER: Last Name **Kansas City BPU** First **Kansas City BPU**
 Business: **Kansas City BPU** 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:
 Address **540 Minnesota Avenue** **Kansas City BPU Nearman Plant**
 Address **4240 North 55th Street, Kansas City, KS 66104**
 City: **Kansas City** State: **KS** ZIP **66101**



4 DEPTH OF COMPLETED WELL: **32** ft.
 Depth(s) Groundwater Encountered: 1) _____ ft.
 2) **N/A** ft. 3) **N/A** ft. or 4) Dry Well
 WELL'S STATIC WATER LEVEL: _____ ft.
 below land surface, measured on (mo-day-yr) _____
 above land surface, measured on (mo-day-yr) _____
 Pump test data: Well water was **N/A** ft.
 after **N/A** hours pumping **N/A** gpm
 Well water was **N/A** ft.
 after **N/A** hours pumping **N/A** gpm
 Estimated Yield: **N/A** gpm
 Bore Hole Diameter: **8.25** in. to **32** ft. and
N/A in. to **N/A** ft.

5 Latitude: **39.174513** (decimal degrees)
Longitude: **-94.694030** (decimal degrees)
 Horizontal Datum: WGS 84 NAD 83 NAD 27
 Source for Latitude/Longitude:
 GPS (unit make/model: _____)
 (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper: _____

6 Elevation: **749** ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other _____

7 WELL WATER TO BE USED AS:

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	2. <input type="checkbox"/> Irrigation	3. <input type="checkbox"/> Feedlot	4. <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 MW-8A	9. Environmental Remediation: well ID _____ <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	13. <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 **27** ft. Diameter **N/A** in. to **N/A** ft. Diameter **N/A** in. to **N/A** ft.
 Casing height above land surface **30** in. Weight **N/A** lbs./ft. Wall thickness or gauge No. **Sch. 40**

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 **27** ft. to **32** ft. From **N/A** ft. to **N/A** ft. From **N/A** ft. to **N/A** ft.
 GRAVEL PACK INTERVALS: From **24** ft. to **32** ft. From **N/A** ft. to **N/A** ft. From **N/A** ft. to **N/A** ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other **0 to 2 feet concrete**
 Grout Intervals: From **2** ft. to **24** ft. From **N/A** ft. to **N/A** ft. From **N/A** ft. to **N/A** ft.

Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify) **Flyash lagoon**
 Direction from well? **East** Distance from well? **<50-feet** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITIO. LOG (cont.) or PLUGGING INTERVALS
0	11	Silt w/ lenses			
11	34	Sand			

Notes:

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) **10-19-2015** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **759**. This Water Well Record was completed on (mo-day-year) **11-27-2015** under the business name of **RAZEK Environmental LLC**. Signature _____