

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction <u>NW 1/4 NW 1/4 SW 1/4</u>	Section Number <u>27</u>	Township Number <u>T 10 S</u>	Range Number <u>R 25 E</u>
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County: WYANDOTTE
 Distance and direction from nearest town or city street address of well if located within city?
(MW-6-96)

2 WATER WELL OWNER: UNISON TRANSFORMER SERVICES, INC. / MR. MARK UGGATT
 RR#, St. Address, Box #: 3126 BRINKERHOFF RD
 City, State, ZIP Code: KANSAS CITY, KS 66115
 Board of Agriculture, Division of Water Resources
 Application Number:

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

N		E	
W	S	W	E
1 Mile	1 Mile	1 Mile	1 Mile

4 DEPTH OF COMPLETED WELL: 20 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 8 in. to 20 ft., and _____ in. to _____ ft.
 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 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 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 _____
<u>2</u> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____ Threaded <u>X</u>
Blank casing diameter <u>2</u> in. to <u>10</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				lbs./ft. Wall thickness or gauge No. <u>SCH 40</u>

Casing height above land surface _____ in., weight _____ lbs./ft.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<u>7</u> PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
SCREEN OR PERFORATION OPENINGS ARE:				
1 Continuous slot	<u>3</u> Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
3 Torch cut		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From 20 ft. to 10 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 8 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 0 ft. to 5 ft., From 5 ft. to 8 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 6 Other (specify below)
INACTIVE INDUSTRIAL SITE

Direction from well?		LITHOLOGIC LOG		PLUGGING INTERVALS	
FROM	TO	FROM	TO	FROM	TO
<u>0</u>	<u>20</u>				
		<u>FINE TO MED S. SAND</u>			

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) 6-20-96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/yr) 10-22-96 under the business name of LYNNE-WESTERN by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.