

|   |      |   |                |  |                       |
|---|------|---|----------------|--|-----------------------|
| 1 LOCATION OF WATER WELL:   |      | Fraction  | Section Number | Township Number  | Range Number          |
| County: <b>WYANDOTTE</b>  |      | <b>SW 1/4 SW 1/4 SW 1/4</b>   | <b>27</b>      | <b>T 10 S</b>  | <b>R 25</b> <b>AW</b> |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>3126 BRINKERHOFF, KANSAS CITY, KS</b>   |      |   |                |  |                       |
| 2 WATER WELL OWNER:   |      | PF-5  |                |  |                       |
| RR#, St. Address, Box # :   |      | Board of Agriculture, Division of Water Resources   |                |  |                       |
| City, State, ZIP Code :   |      | Application Number:   |                |  |                       |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  |      | 4 DEPTH OF COMPLETED WELL <b>52.1</b> ft. ELEVATION:  |                |  |                       |
|   |      | 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 <b>11</b> in. to <b>11</b> in. and <b>4.25</b> in. to <b>55</b> in.  |                |  |                       |
| WELL WATER TO BE USED AS:   |      | 5 Public water supply      8 Air conditioning      11 Injection well<br>1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below)<br>2 Irrigation      4 Industrial      7 Lawn and garden only      10 Monitoring well <b>FRACTURE</b> |                |  |                       |
| Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No <input checked="" type="checkbox"/>   |      | If yes, mo/day/yr sample was submitted  |                |  |                       |
| Water Well Disinfected? Yes . . . . . No <input checked="" type="checkbox"/>  |      |   |                |  |                       |
| 5 TYPE OF BLANK CASING USED:  |      |   |                |  |                       |
| <input checked="" type="radio"/> Steel      3 RMP (SR)<br>2 PVC      4 ABS  |      | 5 Wrought iron      6 Asbestos-Cement<br>7 Fiberglass   |                | 8 Concrete tile      9 Other (specify below)<br>CASING JOINTS: Glued . . . . . Clamped . . . . .<br>Welded . . . . .<br>Threaded <input checked="" type="checkbox"/> |                       |
| Blank casing diameter <b>6</b> in. to <b>10.25</b> ft. Dia <b>4</b> in. to <b>11.9</b> ft. Dia . . . . . in. to . . . . . ft.   |      |   |                |  |                       |
| Casing height above land surface <b>3</b> in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . .  |      |   |                |  |                       |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |      | 7 PVC      10 Asbestos-cement<br>1 Steel <input checked="" type="radio"/> Stainless steel      5 Fiberglass      8 RMP (SR)      11 Other (specify) . . . . .<br>2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS      12 None used (open hole)                        |                |  |                       |
| SCREEN OR PERFORATION OPENINGS ARE:   |      | 5 Gauzed wrapped      8 Saw cut      11 None (open hole)<br>1 Continuous slot      3 Mill slot <input checked="" type="radio"/> Wire wrapped <b>0.010"</b> 9 Drilled holes<br>2 Louvered shutter      4 Key punched      7 Torch cut      10 Other (specify) . . . . .                |                |  |                       |
| SCREEN-PERFORATED INTERVALS: From <b>11.9</b> ft. to <b>52.1</b> ft., From . . . . . ft. to . . . . . ft.   |      |   |                |  |                       |
| GRAVEL PACK INTERVALS: From <b>11.3</b> ft. to <b>11.9</b> ft., From . . . . . ft. to . . . . . ft.   |      |   |                |  |                       |
| 6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other . . . . .   |      |   |                |  |                       |
| Grout Intervals: From <b>0.0</b> ft. to <b>10.25</b> ft., From <b>10.25</b> ft. to <b>11.9</b> ft., From . . . . . ft. to . . . . . ft.   |      |   |                |  |                       |
| What is the nearest source of possible contamination:   |      |   |                |  |                       |
| 1 Septic tank      4 Lateral lines      7 Pit privy<br>2 Sewer lines      5 Cess pool      8 Sewage lagoon<br>3 Watertight sewer lines      6 Seepage pit      9 Feedyard   |      | 10 Livestock pens      14 Abandoned water well<br>11 Fuel storage      15 Oil well/Gas well<br>12 Fertilizer storage      16 Other (specify below)<br><b>INDUSTRIAL SITE</b><br>13 Insecticide storage  |                |  |                       |
| Direction from well?  |      | How many feet?  |                |  |                       |
| FROM  | TO   | LITHOLOGIC LOG  | FROM           | TO   | PLUGGING INTERVALS    |
| 0   | 4.0  | LT BRN CLAY - SILT  |                |  |                       |
| 4.0   | 6.0  | BRN CLAY - SILT   |                |  |                       |
| 6.0   | 10.0 | BRN CLAY  |                |  |                       |
| 10.0  | 19.0 | LT BRN CLAY - SILT  |                |  |                       |
| 19.0  | 30.0 | BRN CLAY - SILT - SAND  |                |  |                       |
| 30.0  | 35.0 | DK BRN SILT - SAND  |                |  |                       |
| 35.0  | 55.0 | GRAY SAND   |                |  |                       |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>11-5-96</b> and this record is true to the best of my knowledge and belief. Kansas   |      |   |                |  |                       |
| Water Well Contractor's License No. <b>416</b> This Water Well Record was completed on (mo/day/yr) <b>1-5-97</b>  |      |   |                |  |                       |
| under the business name of <b>TERRACON CONSULTANTS</b> by (signature) <b>Clay P. Dwyer</b>  |      |   |                |  |                       |
| 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. |      |   |                |  |                       |