

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 27-405-25E

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

County: Wyandotte

Location changed to:

27-105-25E

SW SW NW

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

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

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

verification method: Well address, city map, and

North Kansas City 1:24,000 topo. map.

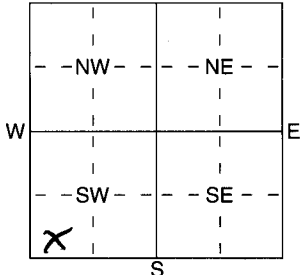
initials: DRL date: 3/7/2005

1 LOCATION OF WATER WELL: Fraction  $\frac{1}{4}$  SW  $\frac{1}{4}$  SW  $\frac{1}{4}$  Section Number 27 Township Number T 40 S Range Number R 25 **EW**  
 County: **WYANDOTTE**

Distance and direction from nearest town or city street address of well if located within city?

**3126 BRZNIKERHOFF RD KC KS 66115**

2 WATER WELL OWNER: **JEROME E CIBRICK 3200/3300 KANAWHA TURNPIKE**  
 RR#, St. Address, Box # : **UNION CARBIDE CORP. SOUTH CHARLESTON**  
 City, State, ZIP Code : **P.O BOX 8361 WY 25303** Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL **3.0** ft. ELEVATION: ..... ft.

Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.  
 WELL'S STATIC WATER LEVEL **22.95** 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  
 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 Domestic (lawn & garden) 10 Monitoring well **Air Sparg**  
**VAPOR EXTRACTION**

Was a chemical/bacteriological sample submitted to Department? Yes ..... No **✓**; If yes, mo/day/yrs sample was submitted  
 Water Well Disinfected? Yes ..... No

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 ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface **2.4** in., weight ..... lbs./ft. Wall thickness or gauge No. **SEL 40**

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) ..... ft.

SCREEN-PERFORATED INTERVALS: From **30** ft. to **15** ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **30** ft. to **13** ft., From ..... ft. to ..... ft.  
**80/20** From **13** ft. to **11** ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Intervals: From **11** ft. to **8** 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)**  
**FORMER SOURCE**  
 Direction from well? **IN BLOG**  
 How many feet? **IN BLOG**

| FROM | TO  | LITHOLOGIC LOG             | FROM | TO | PLUGGING INTERVALS |
|------|-----|----------------------------|------|----|--------------------|
| 0'   | 7'  | Alluvial silts + clays     |      |    |                    |
| 7'   | 17' | SILT                       |      |    |                    |
| 17'  | 30' | Alluvial Sand, fine-medium |      |    |                    |
|      |     |                            |      |    |                    |
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|      |     |                            |      |    |                    |

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) **11-10-94** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **704** This Water Well Record was completed on (mo/day/yr) **1-17-95** under the business name of **MAXS** by (signature) **David Dunphy**

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.