

CORRECTION(S) TO WATER WELL RECORD (WWC-5)  
(to rectify lacking or incorrect information)

County: Wyandotte

Location listed as:

Section-Township-Range: 27-40S-25E

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

Location changed to:

27-10S-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

SV-86

1 LOCATION OF WATER WELL: County: <b>WYANDOTTE</b>	Fraction <b>1/4 SW 1/4 SW 1/4</b>	Section Number <b>27</b>	Township Number <b>T 40 S</b>	Range Number <b>R 25 E/W</b>
---	--------------------------------------	-----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?  
**3126 BRINKERHOFF RD KC KS 66115**

2 WATER WELL OWNER: **Jerome E Cibrik**  
 RR#, St. Address, Box # : **3200/3300 Kanawha Turnpike**  
 City, State, ZIP Code : **Union Carbide Corp. South Charleston WV**  
**PO Box 8361 25303**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

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

N			
--NW--			--NE--
W			E
--SW--			--SE--
S			

X is in the SW quadrant.

4 DEPTH OF COMPLETED WELL ..... **36** ..... ft. ELEVATION: .....

Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.  
 WELL'S STATIC WATER LEVEL **27.04** 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:  
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering  
 7 Domestic (lawn & garden) 10 Monitoring well  
 Other (Specify below): **VAPOR EXTRACTION**

Was a chemical/bacteriological sample submitted to Department? Yes ..... No  ; If yes, mo/day/yr 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 ..... **4** ..... in. to ..... **21** ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... **24** ..... in., weight ..... lbs./ft. Wall thickness or gauge No. **5/16 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-Cement
2 Brass	4 Galvanized Steel	6 Concrete tile	9 ABS	11 Other (Specify) .....
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	2 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) .....	

SCREEN-PERFORATED INTERVALS: From **36** ft. to **21** ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **36** ft. to **19** ft., From ..... ft. to ..... ft.  
 From **19** ft. to **17** ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grout Intervals: From **17** ft. to **00** 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)
			13 Insecticide storage	<b>FORMER SOURCE IN.</b>

Direction from well? **BLDG**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	22.4'	Alluvial silts + clays			
22.4'	36'	Alluvial sand, fine to medium			

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) **11-13-04** **11-16-04** 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) **1-12-05** under the business name of **MAXS** by (signature) **David H...**

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.