

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

County: Wyandotte

Location listed as:

Location changed to:

Section-Township-Range: 28-105-25W

28-105-25E

Fraction (1/4 1/4 1/4): SW NE SW

SW NE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, sketch map, and
Parkville 1:24,000 topo map.

initials: ORL date: 5/19/2005

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

CAC

| | | | | | | |
|---|----------------------------|----------------------------|---|---|-----------------------------|------------------------------|
| 1 Location of well: | County WYANDOTTE | Township name | Fraction SW 1/4 NE 1/4 SW | Section number 28 | Town number 10 S. | Range number 25 W. |
| Distance and direction from nearest town or city: IN K.C. KS. | | | 3 Owner of well: GARNEY CONST. CO. | | | |
| Street address of well location if in city: B.P.U. - QUINDARO DISTRICT | | | Address: 1331 N.W. VIVION RD. K.C. MO. | | | |
| Locate with "X" in section below: | | Sketch map: | | 4 Well depth: 84.04 ft. Date of completion: 3/15/76 Well diameter 42 in. | | |
| | | | | 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary | | |
| 2 WELL No. 3 | | Type and color of material | | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> DEWATERING | | |
| FILL | | | | 7 Casing: Material STEEL Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. Diam. Weight 29.31 lbs./ft. 12 in. to 46 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| BROWN SANDY SILTY CLAY | | | | 8 Screen: Manufacturer DOERR Type SLOTTED Dia. 12" Slot/gauze 7GA. Length 40' Set between 46 ft. and 86 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" | | |
| BLUE CLAY | | | | 9 Static water level: 21.5 ft. below land surface Date 3/15/76 | | |
| VERY FINE SAND | | | | Pumping level below land surfaces: 25 ft. after 72 hrs. pumping 350 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m. | | |
| MEDIUM TO COARSE SAND | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____ | | |
| WOOD | | | | 12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade | | |
| VERY FINE SAND | | | | <input checked="" type="checkbox"/> Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NATURAL BACKFILL <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> BACKFILL Depth: From 0 ft. to 84 ft. | | |
| MEDIUM TO COARSE SAND | | | | 14 Nearest source of possible contamination: COAL PILE ft. 100 Direction WEST Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | | | 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | |
| 16 Remarks: elevation APPROX. 800' 750 am | | | | 17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. LAYNE-WESTERN CO. 149 Business name License No. Address 1010 W. 39th - K.C. Mo. Signed Layne P.D. Fry Date 10/2/76 Authorized representative | | |

10 250 28 SUNDERS

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5