

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: 22-105-33E

35-105-25E

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

NW NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Written & legal descriptions, city street map, and North Kansas City 1:24,000 topo. map.

initials: ORA 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.

1 LOCATION OF WATER WELL: Fraction *SW 1/4 NW 1/4 NW 1/4* Section Number *22* Township Number *T 10 S* Range Number *R 33 E*
 County: *Wyandotte*

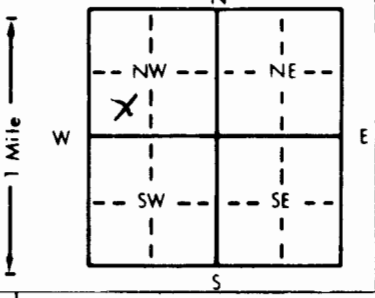
Distance and direction from nearest town or city street address of well if located within city?

401 Donovay Road Kansas City KS.

2 WATER WELL OWNER: *Williams Pipeline Company*
 RR#, St. Address, Box #: *8001 College Boulevard Suite 200* Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: *Overland Park KS. 66210* Application Number:

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

4 DEPTH OF COMPLETED WELL: *16.0* ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. *Dry* 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: *8.44* in. to *16.0* 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 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well *Vapor Extraction*
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
EPVC 4 ABS 7 Fiberglass Threaded

Blank casing diameter *2* in. to *5.5* ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface *54* in., weight *0.70* lbs./ft. Wall thickness or gauge No. *Sch 40*

TYPE OF SCREEN OR PERFORATION MATERIAL: PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 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)
 1 Continuous slot Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From *16.0* ft. to *5.5* ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From *16.0* ft. to *5.0* ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite Other *concrete*
 Grout Intervals: From *5.0* ft. to *2.0* ft., From ~~2.0~~ ft. to *0.0* 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 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
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<i>0.0</i>	<i>7.5</i>	<i>Gray Brown Sandy silt</i>			
<i>7.5</i>	<i>16.0</i>	<i>Gray Fine - Medium Sand</i>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) *2/15/96* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *516* This Water Well Record was completed on (mo/day/yr) *2/15/96* under the business name of *Geo Systems Engineering Inc.* 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.