		· · · · · · · · · · · · · · · · · · ·	n wwc-5				r Resources; Ap			
1 LOC	ATION O	FWATER WELL: Fraction		S	ection Nu	ımber	Township N			
Count	y: Wyand	otte NB ¼	NW4 NE	1/4	27		T 10 S		R 25 (E/DV	
Distar	nce and dire	ction from nearest town or city street address of well if		. G	Global Positioning Systems (decimal degrees, min. of 4 digits)					
locate	cated within city?				Latitude: 39 09 207					
					Longitude: 094 36 644					
2 WA7	WATER WELL OWNER: CM Corp. Fairfax Plant				Elevation: 734					
RR#, St. Address, Box # : 100 Kindelberger Rd.					Datum:					
City,	State, ZIP	Code : Kansas City, KS.			Data Collection Method:					
2 100	A TOTAL SAVIET	Maisas City, KD.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L	Jala Coll	CCHOIL I	viethou.	O		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL										
	LOCATION Depth(s) Groundwater Encountered (1)									
		IN Depth(s) Groundwater Encounter	Depth(s) Groundwater Encountered (1)							
SEC	TION BOX	: WELL'S STATIC WATER LEV	/EL&.7.3.4.	ft. t	below lan	d surface	e measured on	mo/day	/yr. 11.1.301.0 (_	
	N		Pump test data: Well water wasft. afterhours pumpingfc. gpm							
	•	Est. Yieldgpm: Well water wasft. after hours pumpinggpm								
NW	/ NE -	WELL WATER TO BE USED A	WELL WATER TO BE USED AS: 5 Public water supply 1 Domestic 3 Feedlot 6 Oil field water supply 2 Dewatering 11 Injection well 2 Dewatering 12 Other (Specify below)							
w I	l ï	E 1 Domestic 3 Feedlot								
		2 Irrigation 4 Industrial	7 Domestic (la	wn &	garden)	10) Mon	itoring well			
Su	SE -				`			Y		
3"	1 1 3 2	Was a chemical/bacteriological s	ample submitte	d to De	epartment	? Yes.	No	'ني	If yes, mo/day/yrs	
		Sample was submitted		Water	well disin	fected?	Yes	No 🔼.	•••	
Was a chemical/bacteriological sample submitted to Department? Yes No										
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 9 Other (specify below) Welded										
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded										
2 PVC 4 ABS 7 Fiberglass										
Blank casing diameter 2.0 in. to .25 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., weight lbs./ft. Wall thickness or guage No ft.										
Casing height above land surface. in., weightlbs./ft. Wall thickness or guage No. A.D										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)										
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
1 Continuous slot 3 Mill slot 5. Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)										
2]	Louvered s	nutter 4 Key punched 6 Wire wrapp	ed 8 Saw	Çuţ	10 Other	r (specif	y)			
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)										
From										
	GRAVEL	PACK INTERVALS: From35	ft. to 🕰 5	3	ft.,	From		. ft. to	ft.	
From										
·										
	UT MATE	RIAL: 1 Neat cement 2 Cement gr	rout (3)Benton	ite 4	Other					
Grout In	tervals:	From	t., From	ft	t. to	fi	t., From		ft. toft.	
What is the nearest source of possible contamination:										
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify										
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)										
3	Watertight	sewer lines 6 Seepage pit 9 Feedya	rd 12 F	ertilize	r Storage	15 Oi	l wll/gas well	. 1	former (917	
Direction	n from wel	?	How	many	feet?				PLANT	
FROM	TO	LITHOLOGIC LOG		ROM	TO		PLUGGI	NG INTI	ERVALS	
0	6.5	Grass-brn silty clay, moist, fir								
6.5	11	Brn silty clay to clayey silt.								
0.3	"		und take							
11	15	soft, no codr. Brn sandy silt, soft, dry, no c	don							
- 11	12	fine grained sand.	dor,							
15	10									
15	19	Gray silt, moist, soft, no odor								
19	26	Brn to lt gray brn fine-coarse	grained							
		sand, moist, no odor.								
26	35	Lt pale gray fine-coarse sand,	wet,				~~~~			
		none to faint odor.				-				
								,		
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) !!/3/D.L and this record is true to the best of my knowledge and belief.										
Kansas Water Well Contractor's License No 732 This Water Well Recored was completed on (mo/day/year)										
Under the business name of JB Environmental by (signature) hm (1)										
		05	MV. I DRUM				WILL S	UK	w	
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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-										
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.										
290-3322.	ocha one to	WILLIAM WELL OWING AND TOWN ONE TO VOID		00 101 02						