

WATER WELL RECORD

Form WWC-5

MW9

Division of Water Resources; App. No.

<p>1 LOCATION OF WATER WELL: County: <u>Wyandotte</u> Distance and direction from nearest town or city street address of well if located within city? <u>Former Exxon Mobile Terminal Magellan Pipeline Co. 1100 Sunshine Rd.; KC, KS.</u></p>	<p>Fraction <u>NW 1/4 NE 1/4 SW 1/4</u></p>	<p>Section Number <u>28</u></p>	<p>Township Number <u>T 10 S</u></p>	<p>Range Number <u>R 25 E</u></p>						
<p>2 WATER WELL OWNER: RR#, St. Address, Box # : <u>1100-1100 Sunshine Rd.</u> City, State, ZIP Code : <u>Kansas City, KS.</u></p>		<p>Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39 09 02.7</u> Longitude: <u>094 38 05.1</u> Elevation: _____ Datum: <u>WGS 84</u> Data Collection Method: <u>Garmin Etrex Legend</u></p>								
<p>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="text-align: center; padding: 5px;">•</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> <p>S</p> </div>	NW	NE	•		SW	SE	<p>4 DEPTH OF COMPLETED WELL <u>28 1/2'</u> ft.</p> <p>Depth(s) Groundwater Encountered (1) <u>27'</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>11.0'</u> ft. below land surface measured on mo/day/yr. <u>11/3/09</u> 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) <u>10</u> Monitoring well _____</p> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes _____ No <u>X</u> _____</p>			
NW	NE									
•										
SW	SE									

<p>5 TYPE OF CASING USED: 1 Steel <input type="checkbox"/> 2 PVC <input checked="" type="checkbox"/> 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)</p>	<p>CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded <u>X</u> _____</p>	<p>Blank casing diameter <u>2.375</u> in. to <u>1.6</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>2 1/2'</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch 40</u></p> <p>TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC <input checked="" type="checkbox"/> 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)</p> <p>SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot <input checked="" type="checkbox"/> 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) _____</p> <p>SCREEN-PERFORATED INTERVALS: From <u>28 1/2'</u> ft. to <u>13 1/2'</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>28 1/2'</u> ft. to <u>10 1/2'</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.</p>
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6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** **4 Other cement**

Grout Intervals: From 10 1/2' ft. to 0.5' ft., From 0.5' ft. to 0 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: **3** **4**

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide storage	16 Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage <input checked="" type="checkbox"/>	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1.0	Top Soil			
1.0	2.50	Brown sand - fine grained			
2.5	7.0	Brown silt w/ sand			
7.0	13.0	Brown sand w/ silt			
13.0	15.0	Brown sandy silt			
15.0	20.	lt gray fine sand w/ silt			
20.	28.0	DK Gray Med. sand			

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) 11/3/09 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 132 This Water Well Record was completed on (mo/day/year) 12/15/09
 under the business name of QB Environmental by (signature) James Beebe

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 785-296-3522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.