MNA-II

WATER WELL REC	CORD	Form W	NC-5			r Resources App. N		
1 LOCATION OF WATER WELL:		Fraction 1/4 FW 1/4 SW	1/4 SW 1/4	Sectio	n Number 15	Township No. T 10 S	Range Number R 25	
County: Wyandotte			Global Positioning System (GPS) information:					
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here					Latitude: 39.496 (in decimal degrees) Longitude: 99.699 (in decimal degrees) Elevation:			
AND MAKE A OVERLINE					Datum: ☐ WGS 84, ☑ NAD 83, ☐ NAD 27			
2 WATER WELL OWNER: Magellan					Collection Method: GPS unit (Make/Model: Garmin)			
RR#, Street Address, Box #: 401 E. Donovan Rd.					☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey			
City, State, ZIP Code	: Kansas	City, KS 66215			Est. Accuracy: \square <3 m, \square 3-5 m, \square 5-15 m, \square >15 m			
3 LOCATE WELL			/11					
WITH AN "X" IN	4 DEPTH OF	COMPLETED WELL			ft.		•	
SECTION BOX:	## A DEPTH OF COMPLETED WELL 44 DEPTH OF COMPLETED WELL 6t. Depth(s) Groundwater Encountered (1).20 ft. (2) ft. (3) ft.							
N	WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr. 12.14.14.1							
	Pumr	test data: Well water	r was	ft.	after	hours pum	ping gpm	
EST VIFID - onm Well water was							iping.: gpm	
Bore Hole Diameter 3.25 in to							.ft.	
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well						Injection well		
Domestic Feedlot Oil field water supply Dewatering Other (Specify below							Other (Specify below)	
Irrigation Industrial Domestic-lawn & garden Monitoring well								
Was a chemical/bacteriological sample submitted to Department? Yes No								
S	If ves. mo.	/day/yr sample was sub	mitted.					
mile Water well disinfected? ☐ Yes ✓ No								
C TWINE OF CASING I	CED. C Stee	PVC C)ther					
CASING JOINTS: Glued Clamped Welded Threaded								
Casing diameter 1. in. to 42. ft., Diameter 1. in. to 1. ft., Diameter 1. ft. ft. ft. Casing diameter 2. in. to 20. in. Weight 1. ft. Wall thickness or gauge No. Sch. 40								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)								
Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:								
Continuous det 7 Mill det Gauze wrapped Torch cut Drilled holes None (open hole)								
Lowered chatter \(\text{Key purched} \) \(\text{Wire wranged} \) \(\text{Saw cut} \) \(\text{Other (specify)} \)								
SCREEN-PERFORATED INTERVALS: From								
From								
GRAVEL PACK INTERVALS: From 94 ft. to 99 ft., From ft., From ft. to ft. to ft.								
From . 7								
6 CPOUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From	40 ft to	on 7- ft. From		ft. to	ft.,	From	ft. toft.	
What is the nearest source	of possible cont	amination:						
Septic tank		nes Pit privy	Livestock	pens	☐ Insecticide	e storage 🔲 Ot	her (specify below)	
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well								
Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well								
Direction from well		*****************		from we	<u>:11</u>	****************		
FROM TO	LITHOLOG	GIC LOG	FROM	TO	LITHO. L	OG (cont.) <u>or</u> PLU	UGGING INTERVALS	
O Silty C	ay	T						
8 44 Sand								
	1							
	· · · · · · · · · · · · · · · · · · ·							
		May 100 years						
		A CALLED TO SERVICE OF THE SERVICE O						
7 CONTRACTOR'S OF	RLANDOWNE	R'S CERTIFICATIO	N: This wat	er well v	vas 🖊 consti	ructed, 🗌 reconst	ructed, or plugged	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\big \) constructed, \(\big \) reconstructed, or \(\big \) plugged under my jurisdiction and was completed on \(\big \) (mo/day/year) \(\big \big \) 11-10-11 and this record is true to the best of my knowledge and belief.								
This Water Well Record Was completed on (190/day/year)								
to the business name of Below Ground Surface, Inc. by (signature)								
INSTRUCTIONS: Use ty pewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367.								
1	turned of Hogist	and Environment Bureau	at Water Liea	ogy Secur	זו. עער טטטו חור	ickson of . Suite 420.	, Topoka, Ikansas ooo ika 1507.	
Telephone 785-296-5524. Ser	d one copy to WA	TER WELL OWNER and	etain one for	your recor	ds. Include <u>fe</u>	ee of \$5.00 for each of	onstructed well. Vi sit us at	
http://www.kdheks.gov/waterw	ell/index.html.						lue Copy, Pink Copy	
KSA 82a-1212				Cf	ieck: 🔲 W	hite Copy, 🔲 B	rue Copy, ruik Cop	