

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Wyandotte	S2 ¼ SE ¼ NE ¼	34	T 10 S	R 25 E

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

2925 Fairfax Trafficway - Kansas City

2 WATER WELL OWNER: **Huhtamaki Inc.**

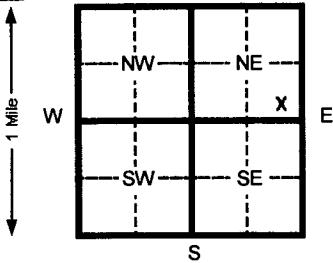
RR#, St. Address, Box # : **9201 Packaging Dr.**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **De Soto, KS 66018**

Application Number:

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



4 DEPTH OF COMPLETED WELL **60.23** ft. ELEVATION:

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **19.83** ft. below TOC measured on mo/day/yr **11/19/14**

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 **8.25** in. to **60.23** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10 Monitoring well**

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)

5 Wrought Iron 8 Concrete tile

CASING JOINTS: Glued _____ Clamped _____

2 PVC 4 ABS

6 Asbestos-Cement 9 Other (specify below)

Welded _____

7 Fiberglass

Threaded Flush

Blank casing diameter **1** in. to **55.23** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface **0** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel

5 Fiberglass 8 RMP (SR)

7 PVC 10 Asbestos-cement

2 Brass 4 Galvanized steel

6 Concrete tile 9 ABS

11 Other (specify)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot **3 Mill slot**

5 Gauzed wrapped 8 Saw cut

11 None (open hole)

2 Louvered shutter 4 Key punched

6 Wire wrapped 9 Drilled holes

10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **55.23** ft. to **60.23** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **53.23** ft. to **60.23** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____

Grout intervals From **2** ft. to **53.23** ft. From _____ ft. to _____ 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

11 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	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10		Fill, Silty Clay, trace fine sand, brown to dark gray			
10	50		Sand, brown to gray to brown, fine ranging to coarse grained, well sorted			
50	55		Sand, light brown, fine to coarse grained, poorly sorted			
55	60.23		Sand, medium grained, trace fine and coarse grained, light gray brown			
						GPS: (horizontal datum: WGS84)
						Latitude: N 39.137836
						Longitude: W 94.608689

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/yr) **11/19/14** and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **12/08/14**

under the business name of **GSI Engineering, LLC** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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