

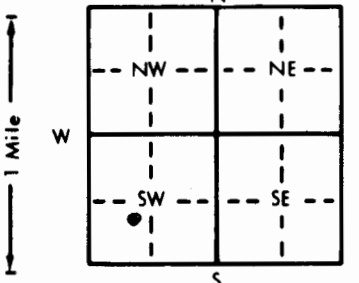
1 LOCATION OF WATER WELL: County: WYANDOTTE	Fraction SW ¼ SW ¼ NE ¼	Section Number 29	Township Number T 10 S	Range Number R 25 EXX
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Distance and direction from nearest town or city street address of well if located within city?

Kansas City, KS

2 WATER WELL OWNER: RR#, St. Address, Box # : 1211 N 8th ST City, State, ZIP Code : KANSAS CITY, KS	BOARD OF PUBLIC UTILITIES Well Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 45 ft. ELEVATION: ---
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Depth(s) Groundwater Encountered 1. **see log** 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: **6** in. to **45** 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well

12 Other (Specify below) _____

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

Water Well Disinfected? Yes _____ No _____

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) _____
<u>2 PVC</u>	4 ABS	7 Fiberglass	_____
Blank casing diameter _____ in. to 25 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			_____
Casing height above land surface _____ 2' weight _____ lbs./ft. Wall thickness or gauge No. _____			_____
TYPE OF SCREEN OR PERFORATION MATERIAL:	<u>7 PVC</u>	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
			11 Other (specify) _____
			12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From 25 ft. to 45 ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From 22 ft. to 45 ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	<u>2 Cement grout</u>	<u>3 Bentonite</u>	4 Other _____
Grout Intervals: From 0 ft. to 18 (2) ft., From 18 ft. to 22 (3) 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
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
				13 Insecticide storage
				14 Abandoned water well
				15 Oil well/Gas well
				16 Other (specify below) _____
Direction from well?				How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		see log			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) 10/06/94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/yr) 10/24/94 under the business name of Layne, INC. by (signature) <i>Tim Howard</i>
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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.