452 WATE		Well No. 6 LL RECORD	Form W	WC-5	Division of Wate	r Resources App. No	
		OF WATER WELL:	Fraction		Section Number	Township No.	Range Number
Coun		Wyandotte	1/4 SW 1/4 NV		28	T 11 S	R 23 ⊠E □ W
	Street/Rural Address of Well Location; if unknown, distance & direction				Global Positioning System (GPS) information:		
from nearest town or intersection: If at owner's address, check here					Latitude: 39.063086 (in decimal degrees) Longitude: -94.862396 (in decimal degrees)		
Approximately 1 mile east of Bonner Springs.					Longitude: -94.862396 (in decimal degrees) Elevation: Unknown		
A WALE TO THE WORLD OF THE CONTROL O					Datum: WGS 84, XI NAD 83, NAD 27		
2 WATER WELL OWNER: City of Bonner Springs RR#, Street Address, Box #: 205 E. 2nd					Collection Method: ☐ GPS unit (Make/Model: WAAS)		
City, State, ZIP Code : Bonner Springs, KS 66012					Digital Map/Photo, Topographic Map, Land Survey Est. Accuracy: Accuracy: Accuracy: <a href<="" td="">		
2 LOCATE WELL							
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) ft.							
SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL 43.60 ft. below land surface measured on mo/day/yr 08/12/14							
Pump test data: Well water was not checked ft. after hours pumping gpm							
-NWNE EST. YIELD gpm. Well water was ft. after hours pumping gpm							
W							
WELL WATER TO BE USED AS: ■ Public water supply ■ Geothermal ■ Injection well							
-SW xSE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)							
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well							
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted							
water well disinfected? \(\sum \) Yes \(\sum \) No							
5 TYPE OF CASING USED: Steel PVC Other							
CASING JOINTS: Glued Clamped Welded Threaded Other (Specify) Spline- Lock							
CASING JOINTS: Glued Clamped Welded Threaded Other (Specify) Spline- Lock Casing diameter 42 in. to 20 ft., Diameter 17.4 in. to 62 ft., Diameter in. to ft. Casing height above land surface in., Weight 34.43 lbs./ft., Wall thickness or gauge No. 1.024							
Casing height above land surface 0 in., Weight 34.43 lbs./ft., Wall thickness or gauge No. 1.024							
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 slot Mill slot Gauze wrapped Torch cut Dirilled holes None (open hole)							
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)							
SCREEN-PERFORATED INTERVALS: From 62 ft., from ft. to ft.							
From tt. to tt., From tt. to tt., From 77							
From ft. to ft., From ft. to ft.							
6 CPOUT MATERIAL. Next coment of Coment group Rentanita Other							
Grout Intervals: From 0 ft. to 20 ft., From 20 ft. to 20.5 ft., From 40 ft. to 42 ft.							
What is the nearest source of possible contamination:							
	Septic ta			Livestock p			er (specify below)
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well None Known Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well							None Known
Direction from well Distance from well							
FROM	ТО	LITHOLOG	IC LOG	FROM	TO LITHO. LO	OG (cont.) <u>or</u> PLU	GGING INTERVALS
0	2	Topsoil					
2	6	Clay, brown				****	
6 33	33 42	Clay, tan & gray, soft					
42	55	Clay, gray, soft Sand & gravel, fine to	medium				
55	76		Sand & gravel, fine to coarse				
76	77	Shale, black, hard		-			
		, , , , , , , , , , , , , , , , , , , ,					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION; This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 08/12/14 and this record is true to the best of my knowledge and belief.							
db/00/44							
Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 08/22/14 under the business name of Clarke Well & Equipment, Inc. by (signature)							
INSTRUC	TIONS: U				early. Please fill in blank	s and check the correc	Tanswers. Send three copies
INSTRUCTIONS: Use typewriter 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 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at							