

[1] LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>WYANDOTTE</u>		<u>NE ¼ SE ¼ NE ¼</u>	<u>1</u>	<u>T 11 S</u>	<u>R 24 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>SOUTHWEST CORNER OF 47TH ST & PARALLEL, KANSAS CITY, KANSAS</u>					
[2] WATER WELL OWNER: <u>AMOCO CORPORATION</u>					
RR#, St. Address, Box # :		<u>RW-8</u>		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :				Application Number: <u>N/A</u>	
[3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		[4] DEPTH OF COMPLETED WELL: <u>8.5</u> ft. ELEVATION: <u>N/A</u>			
Diagram: A square divided into four smaller squares labeled NW, NE, SW, and SE. An 'X' is drawn in the NE quadrant.		Depth(s) Groundwater Encountered 1. <u>8</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>8</u> ft. below land surface measured on mo/day/yr <u>5/8/97</u>			
		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 <u>7</u> in. to _____ 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 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well <u>RECOVERY WELL</u>			
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>(No)</u>			
[5] TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile		Welded _____	
2 <u>PVC</u> 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Threaded <u>X</u>	
Blank casing diameter _____ in. to <u>4.0</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass			
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>40</u>		TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel 3 Stainless steel 5 Fiberglass		7 <u>PVC</u> 10 Asbestos-cement			
2 Brass 4 Galvanized steel 6 Concrete tile		8 RMP (SR) 11 Other (specify) _____			
SCREEN OR PERFORATION OPENINGS ARE:		12 None used (open hole)			
1 Continuous slot 3 <u>Mill slot</u> 5 Gauzed wrapped		8 Saw cut 11 None (open hole)			
2 Louvered shutter 4 Key punched		6 Wire wrapped			
SCREEN-PERFORATED INTERVALS: From <u>8.5</u> ft. to <u>4.0'</u> ft., From _____ ft. to _____ ft.		7 Torch cut 10 Other (specify) _____			
GRAVEL PACK INTERVALS: From <u>8.5</u> ft. to <u>3.5'</u> ft., From _____ ft. to _____ ft.		9 Drilled holes			
From _____ ft. to _____ ft., From _____ ft. to _____ ft.		10 Other (specify) _____			
[6] GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____		Grout Intervals: From <u>3.5</u> ft. to <u>1</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy		11 <u>Fuel storage</u> 15 Oil well/Gas well			
2 Sewer lines 5 Cess pool 8 Sewage lagoon		12 Fertilizer storage 16 Other (specify below) _____			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		13 Insecticide storage			
Direction from well?		How many feet? <u>150'</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>Ø</u>	<u>1.0</u>	<u>CONCRETE</u>			
<u>1.0</u>	<u>4.5</u>	<u>Gr. Br. Silty Clay</u>			
<u>4.5</u>	<u>8.5</u>	<u>Highly Weathered Limestone</u>			
	<u>8.5</u>	<u>Limestone</u>			
[7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5/8/97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>602</u> This Water Well Record was completed on (mo/day/yr) <u>5/27/97</u> under the business name of <u>Hydro-LOGIC, Inc.</u> by (signature) <u>Stephen P. [Signature]</u>					
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.					