

SW NE SE

WATER WELL RECORD Form WWC-5 KSA 82a-1212

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|---|---|-----------------------------|----------------------------------|--------------------------------|
| 1 LOCATION OF WATER WELL: County: <u>Wyandotte</u> | Fraction <u>SW 1/4 NE 1/4 SE 1/4</u> | Section Number <u>12</u> | Township Number <u>T 11 S</u> | Range Number <u>R 24 EW</u> |
|---|---|-----------------------------|----------------------------------|--------------------------------|

Distance and direction from nearest town or city street address of well if located within city?
MW 224 Forest View Landfill, Kansas City KS

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| 2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code | <u>Forest View Landfill 70 Burns & McDonnell</u> <u>9400 Ward Parkway</u> <u>Kansas City MO 64114</u> | 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: <u>104</u> ft. ELEVATION: |
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Depth(s) Groundwater Encountered 1. 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 Unknown in. to ft., and in. to ft.

WELL WATER TO BE USED AS:

| | | | | |
|--------------|--------------|--------------------------|--------------------|--------------------------|
| 1 Domestic | 3 Feedlot | 6 Oil field water supply | 8 Air conditioning | 11 Injection well |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only | 9 Dewatering | 12 Other (Specify below) |

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

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; 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 |
|------------------------------|----------------|-----------------|------------------------------|

Blank casing diameter 2 in. to 104 ft. Dia in. to ft. Dia in. to ft.

Casing height above land surface N/A in. weight lbs./ft. Wall thickness or gauge No.

| | | |
|---|-------|--------------------|
| TYPE OF SCREEN OR PERFORATION MATERIAL: | 7 PVC | 10 Asbestos-cement |
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|-------------------------------------|------------------|-----------|---------------------|
| SCREEN OR PERFORATION OPENINGS ARE: | 5 Gauzed wrapped | 8 Saw cut | 11 None (open hole) |
|-------------------------------------|------------------|-----------|---------------------|

SCREEN-PERFORATED INTERVALS: From Unknown ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From Unknown ft. to ft., From ft. to ft.

| | | | | |
|-------------------|---------------|----------------|--------------------|---------|
| 6 GROUT MATERIAL: | 1 Neat cement | 2 Cement grout | <u>3</u> Bentonite | 4 Other |
|-------------------|---------------|----------------|--------------------|---------|

Grout Intervals: From 0 ft. to 104 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 | <u>16</u> Other (specify below) |

Direction from well? How many feet? Landfill

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|----------------|------|----|---|
| | | | | | <u>Abandoned by tremie grouting from bottom to top w/ high solids bentonite grout. Top 10' of casing removed.</u> |
| | | | | | <u>Well replaced by MW224 R</u> |

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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <u>(3) plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>6/5/01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>570</u> This Water Well Record was completed on (mo/day/yr) <u>3/23/02</u> under the business name of <u>AQUADRILL, INC.</u> by (signature) <u>[Signature]</u> |
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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.

OFFICE USE ONLY T R EW SEC. 1/4 1/4 1/4