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|--|----|---|-------------------|-------------------------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: <u>Wyandotte</u> | | <u>NE 1/4 NE 1/4 SE 1/4</u> | <u>5</u> | T <u>11</u> S | R <u>24</u> <u>EW</u> |
| Distance and direction from nearest town or city street address of well if located within city? <u>7850 Freeman Avenue, Kansas City, KS</u> | | | | | |
| 2 WATER WELL OWNER: | | <div style="text-align: right;">MW3</div> Board of Agriculture, Division of Water Resources Application Number: | | | |
| RR#, St. Address, Box # | | <u>7850 Freeman Ave.</u> City, State, ZIP Code: <u>Kansas City, KS 66112</u> | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL: <u>14.0</u> ft. ELEVATION: | | | |
| | | Depth(s) Groundwater Encountered <u>1</u> ft. 2. ft. 3. ft. | | | |
| | | WELL'S STATIC WATER LEVEL <u>5.70</u> 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. . 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 Domestic (lawn & garden) 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: | | | | | |
| 1 Steel | | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | CASING JOINTS: Glued. Clamped. |
| 2 PVC | | 4 ABS | 7 Fiberglass | | Welded |
| Blank casing diameter . . . <u>2</u> . in. to . . . <u>4</u> . ft., Dia in. to ft., Dia in. to ft. | | Threaded | | | |
| Casing height above land surface. in., weight lbs./ft. Wall thickness or gauge No. | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 1 Steel | | 3 Stainless steel | 5 Fiberglass | 7 PVC | 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 Mill slot | 5 Gauzed wrapped | 8 Saw cut | 11 None (open hole) |
| 2 Louvered shutter | | 4 Key punched | 6 Wire wrapped | 9 Drilled holes | |
| SCREEN-PERFORATED INTERVALS: From . . . <u>4</u> . ft. to . . . <u>14</u> . ft., From ft. to ft. | | 7 Torch cut | | | |
| GRAVEL PACK INTERVALS: From . . . <u>3</u> . ft. to . . . <u>14</u> . ft., From ft. to ft. | | 10 Other (specify) ft. | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Cement, 0.2'</u> | | | | | |
| Grout Intervals: From . . . <u>2</u> . ft. to . . . <u>3</u> . 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 <u>Former</u> | 15 Oil well/Gas well |
| 3 Watertight sewer lines | | 6 Seepage pit | 9 Feedyard | 12 Fertilizer storage | 16 Other (specify below) |
| Direction from well? | | 13 Insecticide storage | | | |
| | | How many feet? | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0 | 6" | Asphalt | | | Flushmant |
| 4 | 6' | Clay, brown, moist | | | waiver by |
| 9 | 10 | Silt with clay, orange brown, moist | | | D. Taylor |
| 10 | | Shale, light olive brown, moist | | | |
| RECEIVED | | | | | |
| SEP 22 2004 | | | | | |
| BUREAU OF WATER | | | | | |
| 7 CONTRACTOR'S OR LANDOWNERS CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8/9/04</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>8/9/04</u> under the business name of <u>Hydrologic, Inc.</u> by (signature) <u>[Signature]</u> | | | | | |
| INSTRUCTIONS: Use typewriter or ballpoint pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two or three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. | | | | | |