

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Wyandotte</u>		<u>SW 1/4 NE 1/4 SW 1/4</u>	<u>12</u>	<u>T 11 S</u>	<u>R 24 QW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4800 KAW DRIVE KANSAS CITY KS</u>					
2 WATER WELL OWNER: <u>WASTE MANAGEMENT-FOREST VIEW LANDFILL</u>					
RR#, St. Address, Box #: <u>4800 KAW DRIVE, P.O. BOX 11116</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <u>KANSAS CITY, KS 66111</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>97</u> ft. ELEVATION:			
		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 <u>10</u> in. to <u>10</u> ft., and <u>6</u> in. to <u>97</u> 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 <u>10 Monitoring well MW-227</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <u>No</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<u>2 PVC</u>		4 ABS		6 Asbestos-Cement	
				9 Other (specify below)	
Blank casing diameter <u>2</u> in. to <u>97</u> ft., Dia				CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface <u>24</u> in., weight _____ lbs./ft.				Welded _____	
				<u>Threaded</u> <u>O-RING TEF</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify)	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>97'</u> ft. to <u>87'</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>97'</u> ft. to <u>82'</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
<u>4 Other</u>				<u>4 Other</u>	
Grout intervals: From <u>0</u> ft. to <u>2</u> ft., From <u>3</u> ft. to <u>82</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
				<u>SAN. LAND FILL</u>	
				How many feet? <u>500'</u>	
Direction from well?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	LOESS			
8	31	GREY LS. ARGENTINE			
31	46	GREY SHALE LANE			
46	70	GREY L.S. RYTOWN			
70	72	BLK. SHALE MUNICE CR.			
72	75	GREY LS. PADLA			
75	88	OLIVE GREY SHALE CHANNUTE			
88	97	LT. GREY LIMESTONE DRUM			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-4-92</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>542</u> This Water Well Record was completed on (mo/day/yr) <u>6/20/92</u>					
under the business name of <u>Lewis Drilling Inc</u> by (signature) <u>Ken Meyer</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.					

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