

LOCATION OF WATER WELL:		Fraction <u>NW 1/4</u> SE 1/4 SW 1/4	Section Number <u>20</u>	Township Number <u>T 11 S</u>	Range Number <u>R 25</u> <u>EA</u>
County: <u>Wyandotte</u>					
Distance and direction from nearest town or city street address of well if located within city? <u>2717 Strong Avenue, Kansas City, Kansas</u>					
WATER WELL OWNER: <u>City of Kansas City, Kansas</u>					
R#, St. Address, Box # : <u>One McDowell Plaza</u>			Board of Agriculture, Division of Water Resources		
State, ZIP Code : <u>Kansas City, KS 66101</u>			Application Number:		
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>39</u> ft. ELEVATION: <u>712.25</u>			
		Depth(s) Groundwater Encountered 1. <u>26</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>25.85</u> ft. below land surface measured on mo/day/yr <u>6/18/91</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 _____ 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			
		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>X</u>			
TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel		5 Wrought iron			
3 RMP (SR)		8 Concrete tile			
6 Asbestos-Cement		9 Other (specify below)			
7 Fiberglass		Welded _____			
2 PVC		Threaded _____			
4 ABS					
ank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
casing height above land surface <u>-0.28</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Schedule 40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		(7 PVC    10 Asbestos-cement			
1 Steel		8 RMP (SR)			
3 Stainless steel		11 Other (specify) _____			
2 Brass		12 None used (open hole)			
4 Galvanized steel					
6 Concrete tile					
9 ABS					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped    8 Saw cut    11 None (open hole)			
1 Continuous slot		6 Wire wrapped    9 Drilled holes			
3 Mill slot		10 Other (specify) _____			
2 Louvered shutter					
4 Key punched					
7 Torch cut					
SCREEN-PERFORATED INTERVALS: From <u>18.5</u> ft. to <u>38.5</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>18.5</u> ft. to <u>39</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GROUT MATERIAL:		1 Neat cement    2 Cement grout    3 Bentonite    (4 Other _____ Cement/Bentonite Grout			
Cut Intervals: From <u>0</u> ft. to <u>18.5</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		11 Fuel storage    15 Oil well/Gas well			
4 Lateral lines		12 Fertilizer storage    16 Other (specify below)			
2 Sewer lines					
5 Cess pool					
8 Sewage lagoon					
3 Watertight sewer lines		13 Insecticide storage			
6 Seepage pit		9 Feedyard			
ection from well? <u>West</u>		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	14	Silty Clay			
14	16	Clayey Silt			
16	25	Silty Sand			
25	39	Fine to Medium Sand			

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) 6/7/91 and this record is true to the best of my knowledge and belief. Kansas  
 er Well Contractor's License No. 529 This Water Well Record was completed on (mo/day/yr) 8/9/91  
 for the business name of Geotechnology, Inc. by (signature) [Signature]

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.