

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction (1/4 1/4 1/4) Section-Township-Range changed:

listed as NW NE NE, 29-N-25E

changed to NE NW SE, 20-11S-25E

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: well address, Kansas City city map, and

Shawnee 1:24,000 topo. map.

initials: DR date: 2/3/2000

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

1 LOCATION OF WATER WELL: County: WYANDOTTE Fraction: NW 1/4 NE 1/4 NE 1/4 Section Number: 29 Township Number: T N S Range Number: R 25 E

Distance and direction from nearest town or city street address of well if located within city? Argentine YARD 2201 Argentine Blvd KC-KS

2 WATER WELL OWNER: Burlington Northern RR PZ-99-5
RR#, St. Address, Box #: 4200 Dean Road
City, State, ZIP Code: Fort Worth, TX 76104 Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: 16.5 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 8 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 NO; If yes, mo/day/yr sample was submitted _____
Water Well Disinfected? Yes _____ No NO

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
Blank casing diameter 2 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface 0 in., weight _____ lbs./ft. Wall thickness or gauge No. _____
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 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
7 Torch cut 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From 11 ft. to 16 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 9 ft. to 16.5 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals: From 2 ft. to 9 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 12 Fuel storage 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? _____

LITHOLOGIC LOG FROM TO PLUGGING INTERVALS
0 3.0 Fill silt w/ gravel
3.0 16.5 CLAYEY Silt
16.5 18.0 Sand fine

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) 3-24-99 and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. 650 This Water Well Record was completed on (mo/day/yr) 6-27-99
under the business name of Deffenbaugh by (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.