

TK 333

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>WYANDOTTE</b>		<b>SE 1/4 SW 1/4 SW 1/4</b>		<b>16</b>		<b>T 11 S</b>		<b>R 25 E</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>508 S 14<sup>TH</sup> STREET</b>									
2 WATER WELL OWNER: <b>DART TRANSIT</b>									
RR#, St. Address, Box # : <b>PO BOX 64110</b>					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <b>ST PAUL, MN 55164</b>					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>35.5</b> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1 <b>31</b> ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>31.2</b> ft. below land surface measured on mo/day/yr <b>9/12/00</b>							
		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 <b>8.625</b> in. to <b>35.5</b> ft. and _____ in. to _____ ft.							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 <b>Monitoring well</b> <b>MW-1</b>									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was Submitted _____									
Water Well Disinfected? Yes _____ No <b>X</b>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded									
2 <b>PVC X</b> 4 ABS 7 Fiberglass <b>Threaded</b> <b>X</b>									
Blank casing diameter <b>2</b> in. to <b>20.5</b> Ft., Dia _____ in. to _____ Ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>Flush</b> in., weight <b>Sch 40</b> Lbs./ft. Wall thickness or gauge No. _____									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 <b>Mill slot X</b> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 7 Wire wrapped 9 Drilled holes 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <b>20.5</b> ft. to <b>35.5</b> ft. From _____ ft. to _____ ft.									
SAND PACK INTERVALS: From <b>19</b> ft. to <b>35.5</b> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 <b>Cement grout X</b> 3 <b>Bentonite X</b> 4 Other _____									
Grout Intervals From <b>3</b> <b>19</b> ft. to <b>16</b> Ft. From <b>2</b> <b>16</b> to <b>0</b> 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 16 <b>Other (specify below)</b>									
<b>Contaminated Site</b>									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
<b>0</b>	<b>1</b>		<b>ASPHALT</b>						
<b>1</b>	<b>4</b>		<b>SILT &amp; CLAY</b>						
<b>4</b>	<b>9</b>		<b>CLAYEY SILT</b>						
<b>9</b>	<b>14</b>		<b>SAND W SOME SILT</b>						
<b>14</b>	<b>18</b>		<b>SILT W TRACE SAND</b>						
<b>18</b>	<b>35.5</b>		<b>SILTY SAND</b>						
<b>35.5</b>	<b>TD</b>		<b>END OF BOREHOLD</b>						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and Completed on (mo/day/yr) <b>9/11/00</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>585</b> This Water Well Record was completed on (mo/day/yr) <b>9/20/00</b>									
under the business name of <b>Associated Environmental, Inc.</b> By (signature) <b>A. Duncan for D. Duncan</b>									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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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