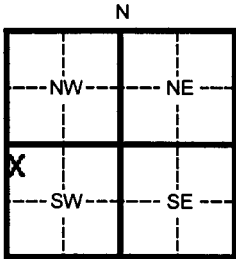


**1 LOCATION OF WATER WELL:**  
 County: **WYANDOTTE** Fraction **NW ¼ NW ¼ SW ¼** Section Number **4** Township Number **T 11 S** Range Number **R 25 E**

Distance and direction from nearest town or city street address of well if located within city?  
**301 N MAIN**

**2 WATER WELL OWNER: PETE'S SERVICE, INC**  
 RR#, St. Address, Box # : **20261 STATE AVE** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **KANSAS CITY KS 66086** Application Number:

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



**4 DEPTH OF COMPLETED WELL** **25.5** ft. **ELEVATION:** \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1 **20** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
**WELL'S STATIC WATER LEVEL** **14.09** ft. below land surface measured on mo/day/yr **10/11/00**  
 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 **8.625** in. to **25.5** 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 **Monitoring well** **MW-8**  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** If yes, mo/day/yr sample was Submitted \_\_\_\_\_ Water Well Disinfected? Yes \_\_\_\_\_ No **X**

**5 TYPE OF BLANK CASING USED:**  
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 2 **PVC X** 4 ABS 6 Asbestos-Cement 9 Other (specify below) \_\_\_\_\_ Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_ **X**

Blank casing diameter **2** in. to **5.5** Ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **Flush** in., weight **Sch 40** 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 **Mill slot X** 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 **5.5** ft. to **25.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**SAND PACK INTERVALS:** From **4** ft. to **25.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 **Cement grout X** 3 **Bentonite X** 4 Other \_\_\_\_\_  
 Grout intervals From3 **4** ft. to **2** Ft. From2 **2** Ft. to **0** 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 **Other (specify below)**  
**Contaminated Site**

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		<b>GRASS &amp; SOIL</b>			
1	13		<b>CLAY W SOME SILT</b>			
13	25.5		<b>CLAYEY SILT</b>			
25.5	TD		<b>END OF BOREHOLE</b>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was Completed on (mo/day/yr) **10/11/00** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **10/16/00**  
 Under the business name of **Associated Environmental, Inc.** By (signature) **Darin R Duncan**

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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