

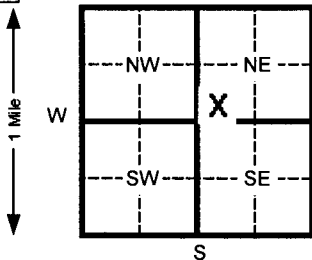
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Wyandotte</b>	<b>SW ¼ SW ¼ NE ¼</b>	<b>19</b>	<b>T 11 S</b>	<b>R 25 E/W</b>

Distance and direction from nearest town or city street address of well if located within city? **MW-03-3****This well is located approximately 525 ft. north and 212 ft. east of the intersection of 42<sup>nd</sup> St. and the access ramp to the BNSF Mainline fueling facility. See Map.**2 WATER WELL OWNER: **Burlington Northern Santa Fe Railway Attn: Judy McDonough**RR#, St. Address, Box #: **4515 Kansas Avenue**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Kansas City, Kansas 66106**Application Number: **Not Applicable**

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



4 DEPTH OF COMPLETED WELL

**45** ft. ELEVATION:Depth(s) Groundwater Encountered 1 **18** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.WELL'S STATIC WATER LEVEL **Unk.** 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 **25** 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 wellWas a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** If yes, mo/day/yr sample was submittedWater 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 _____
<b>2</b> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		<b>Threaded</b>

Blank casing diameter **2** in. to **30** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.Casing height above land surface **0** in., weight **N/A** lbs./ft. Wall thickness or gauge No. **0.1875**

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	<b>3</b> 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 **30** ft. to **45** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.GRAVEL PACK INTERVALS: From **8** ft. to **25** 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 **0.5** ft. to **28** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	<b>11</b> Fuel storage	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/ Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)

Direction from well? **southwest**How many feet? **approximately 725**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1.5	01	Dark brown clay w/ brick and cinders			
1.5	4	02	Dark brown silt w/ little clay and trace medium to fine sand			
4	6.5	02	Very dark brown, clayey silt			
6.5	10	02	Tannish brown, sandy silt, fine sand			
10	22	07	Light brown to brown, silty sand, fine sand			
22	23	01	Gray fat clay			
23	24	02	Dark brown silt			
23	28	05	Brown to gray, poorly graded sand			
28	37	05	Light brown, well graded, fine to medium sand			
37	40	05	Dark gray, well graded, fine to coarse sand			
40	45	01	Medium gray, fat clay w/ trace fine sand and silt			

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/yr) **1/19/04** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **616**This Water Well Record was completed on (mo/day/yr) **2/6/04**under the business name of **Thiele Geotech, Inc.**by (signature) *D. J. A.*

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.