

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-03-1****This well is located approximately 520 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: <b>Burlington Northern Santa Fe Railway Attn: Judy McDonough</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <b>4515 Kansas Avenue</b>	Application Number: <b>Not Applicable</b>
City, State, ZIP Code: <b>Kansas City, Kansas 66106</b>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <b>25</b> ft. ELEVATION: _____
	Depth(s) Groundwater Encountered 1 <b>18</b> ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL <b>Unk.</b> 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 <b>8</b> in. to <b>25</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) <b>10</b> Monitoring well	
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:	5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR)	6 Asbestos-Cement 9 Other (specify below) _____
<b>2</b> PVC 4 ABS	7 Fiberglass _____ <b>Threaded</b>
Blank casing diameter <b>2</b> in. to <b>10</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	
Casing height above land surface <b>0</b> in., weight <b>N/A</b> lbs./ft. Wall thickness or gauge No. <b>0.1875</b>	
TYPE OF SCREEN OR PERFORATION MATERIAL:	<b>7</b> PVC 10 Asbestos-cement
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:	5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot <b>3</b> Mill slot 6 Wire wrapped 9 Drilled holes	
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <b>10</b> ft. to <b>25</b> ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From <b>8</b> ft. to <b>25</b> ft. From _____ ft. to _____ ft.	

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____
Grout Intervals From <b>0.5</b> ft. to <b>8</b> 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 <b>11</b> 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? <b>southwest</b> How many feet? <b>approximately 725</b>	

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>1.5</b>	<b>01</b>	<b>Dark brown clay w/ brick and cinders</b>			
<b>1.5</b>	<b>4</b>	<b>02</b>	<b>Dark brown silt w/ little clay and trace medium to fine sand</b>			
<b>4</b>	<b>6.5</b>	<b>02</b>	<b>Very dark brown, clayey silt</b>			
<b>6.5</b>	<b>10</b>	<b>02</b>	<b>Tannish brown, sandy silt, fine sand</b>			
<b>10</b>	<b>22</b>	<b>07</b>	<b>Light brown to brown, silty sand, fine sand</b>			
<b>22</b>	<b>23</b>	<b>01</b>	<b>Gray fat clay</b>			
<b>23</b>	<b>24</b>	<b>02</b>	<b>Dark brown silt</b>			
<b>23</b>	<b>25</b>	<b>05</b>	<b>Brown to gray, poorly graded sand</b>			

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) <b>1/7/04</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>616</b> This Water Well Record was completed on (mo/day/yr) <b>2/6/04</b> under the business name of <b>Thiele Geotech, Inc.</b> by (signature) <i>D. J. Al</i>
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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.