SEC

1 LOCATIO	ON OF WATER	R WELL:	Fraction		S	ection Number	Township Number	Range Number	
County:	Wyar	ndotte	NE 1/4	SE ¼	SW 1/4	27	T 11 5	R 25 (B)W	
Distance an	d direction from	n nearest to	own or city street ad	dress of well if loca	ated within city?)		9	
1122 Southwest Boulevard, Kansas City, Kansas									
2 WATER WELL OWNER: McCall Service Stations, Inc.									
	dress, Box #			,			Board of Agriculture	, Division of Water Resources	
			n, Missouri 640	12			Application Number		
LOCATE	WELL'S LOC	ATON WIT	H	1 4			Application Number	•	
3 AN "X" II	WELL'S LOC	OX:	" 4 DEPTH OF C	OMPLETED WEL	L 1	8.5 ft. ELE\	/ATION:		
—	N								
			Depth(s) Groundwater Encountered 1 10.5 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 10.57 ft. below land surface measured on mo/day/yr 07/19/04						
IT I		1	Pump test data: Well water was ft. after hours pumping gpm						
NWNE									
			Est. Yield N	gpm: Well	water was	f	t. after ho	ours pumpinggpm	
			Bore Hole Diameter 8.5 in. to 18.5 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)						
-		1 1	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well						
	sw -I	, e	1 Domestic	1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
	; X	JE	2 Irrigation 4 Industrial 7 Lawn and garden (domestic) (10)Monitoring well						
			Was a chemical/bacteriological sample submitted to Department? YesNoIf yes, mo/day/yr sample was						
_	S								
— · · · · – - ·	F BLANK CAS			5 Wrought Iron					
1 Ste		3 RM	P (SR)	6 Asbestos-Ce	ement 9 Oth	er (specify belo	w)	Welded	
(2)PV	С	4 ABS	3	7 Fiberglass				Threaded X	
					· · · · · · · · · · · · · · · · · · ·	n. to			
Blank casing diameter 2.375 in. to 8.5 ft., Dia in. to ft.									
Casing height above land surface Flush Mount in., weight 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)									
I YPE OF S	CREEN OR PI	EKFORATI	ON MATERIAL:			J PVC	TU Asbestos-	cement	
1 Ste	eel	3 Stai	nless steel	5 Fiberglass		8 RMP (SR)	11 Other (spe	CITY)	
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 (3) Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched / Torch cut 10 Other (specify)									
SCREEN-PERFORATED INTERVALS: From 18.5 ft. to 8.5 ft. From ft. to ft.									
Fromft. toft. Fromft. toft. GRAVEL PACK INTERVALS: From18.5									
I									
			From 2	ft. to	$\overline{}$	Tt. 1		ft. to ft.	
								ggregate (AB-3)	
Grout Intervals From 1.5 ft. to 5.5 ft. From 0.0 ft. to 1.5 ft. From ft. to ft.									
What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well									
1 Se	ptic tank		4 Lateral lines	7 Pit	privy	(11) Fuel:	storage (former) 1	5 Oil well/ Gas well	
2 Se	wer lines				wage lagoon	_		6 Other (specify below)	
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (speci 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage						, , ,			
Direction from well? Southwest How many feet? 125									
		CODE	Sou	III WEST	11	How many		124	
FROM	4.0	CODE	Aggregate /AP 2) much concr					
0.0			Aggregate (AB-3), much concrete debris, hard, dry-moist						
4.0	5.0		Brown sandy silty, slightly clayey, friable, moist						
5.0	10.5		Black sandy gravel, very friable, moist, slight odor						
10.5	13.0		Black sandy gravel, wet, slight odor						
13.0	13.0 18.5 Black silty clay, slightly gravely, wet, slight odor								
			-						
	*Well completed within area to be paved with concrete.								
Flush-mount well completion waiver existent for site.									
i iusii-inount wen completion waiver existent for site.									
7 CONTRACTORIS OR LANDOWNER CERTIFICATION. This was all to the second of									
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) 07/16/04 and this record is true to the best of my knowledge/and befref. Kansas									
Water Well	Contractor's Li	icense No.		692	Thi	is Water Well Re	ecord was completed of	(mo/day/yr) 07/22/04	
	usiness name			State Service			y (signature)	MU DU	
INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau & Water, 1000 S W									
Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									