GSI Job	No. 13736	i 1									MV	V-11
				ER WELL RECO	RD Form				lo			
			Fraction				on Number		ship Number		nge Numbe	_
County:	Wya	ndotte	SW ½	SW 1/4	NE	1/4	15	Т	<u>11 s</u>	R	25	E
Distance an	d direction fro - Kansas	m nearest to Citv	own or city street ad	dress of well if	located with	in city?						
2 WATER	WELL OWNE	R Unio	n Pacific Railr	oad						· · · · · · · · · · · · · · · · · · ·		\neg
RR# St Ad	dress Boy#	1400	Douglas St.					Board o	of Agriculture,	Division of W	/ater Reso	urces
City State	7ID Code	· Omal	na NF 68179						tion Number:	DIVISION OF T	rator Moso	LI COS
LOCATE	WELL'S LOC	CATON WIT	HI.I									-
3 AN "X <u>" II</u>	N SECTION B	OX:		COMPLETED V	VELL	43	ft. ELE	VATION:	.7	52.17 (TC)C)	
†	į		Depth(s) Ground	water Encount	ered 1	22.	5 1	t. 2	f	ե 3		ft.
╙	ww 	- NE	WELL'S STATIC									
	i	i	Pum	p test data: V	Vell water wa	ıs		ft. after	hou	rs pumping		
≝ w –	i x		Est. Yield	gpm: V	Vell water wa	ıs		ft. after	hou	rs pumping		gpm i
ī	<u> </u>		Bore Hole Diame	eter 8	in. to	43		ft. and		in. to		ft.
│	sw	- SE	Bore Hole Diame WELL WATER 1 1 Domestic	O BE USED A	S: 5 Publi	c water su	pply	8 Airc	onditioning	11 Injectio	n well	. !
	i I	i I	1 Domestic	3 Feed lot	6 Oil fie	eld water s	upply	9 Dew	atering	12 Other ((Specify be	How)
'	S		2 irrigation	4 Industria	7 Lawr	n and gard	en (domest	ic) 10 Mo	nitoring well	J		
	3		Was a chemical	bacteriological	sample subi	mitted to D	epartment?	Yes	No X If	yes, mo/day/	yr sample '	was
			submitted				W	ater Well Dis	infected? Ye	S	No X	
5 TYPE O	F BLANK CAS	ING USED:		5 Wrought	Iron	8 Concre	te tile	CASIN	G JOINTS: G	lued	Clamped	
1 Ste			(SR)	6 Asbestos						Velded	•	1
2 PV	С	4 ABS	. ,	7 Fiberglas					Th	readed	Flush	
			in. to 28		-			# Dia		in to		ft.
Cooine bein	y cienteter 	-	0	in unlabt	0.7	"" แ	'	IL, DIA		^{81. W}	SCH 40	"-
			ON MATERIAL:	in., weight					ess or gauge O Asbestos-ca		3011. 70	
1 Ste				5 Eiboralos								- 1
2 Bra			anized steel	5 Fiberglas		0	ABS	19	None used	(open bole)		
	R PERFORAT				Gauzed v			8 Saw c	ut	11 Non	e (open ho	nie)
	ntinuous slot	_	Mill slot		6 Wire wra			9 Drilled		11 1101	o (opon n	~,
2 Lou	vered shutter		Key punched		7 Torch cur				(specify)			ŀ
	ERFORATED				to		n	From		ft to		
				ft.			[/]	From		ft to		اما
GR	AVEL PACK II	NTERVALS:	From	24 ft.	to	43	A	Fmm		ft to		^{TL}
0.0			From		to			From		ft. to		ft.
6 GPOLIT	MATERIAI ·	1 Noa	t cement 2			2 Pont	onito I	4 Other				
				-		3 Derit	Utille	4 Outer _				
Mont in the	als Fiulli	o of possible	ft. to 24 contamination:	IL FIOM		TL 10) 40 lbss	π. F	·10m	OJ JT		·π.
	nearest source ptic tank	e or possible	4 Lateral lines	7	Pit privy		10 Lives	stock pens		Abandoned Oil well/ Gas		
	ver lines		5 Cess pool		Sewage lag	000		swaye lizer storage		Other (speci		ļ
	itertight sewer	lines	6 Seepage pit		Feedyard	0011		cticide storaç		Outer (spec	ny below,	1
Direction fro	-		o occpage pit	J	1 Couyaiu		How many	•				
FROM	TO	CODE	LITHO	OGIC LOG		FROM	TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PLUGGIN	G INTERVAL	.s	\dashv
0	5		o recovery									
5	10	F	ili, silty sand wit		ne bricks							
10	15		ithology not i									
15	20.5		ilt, dark gray, sa		to 19',					-		
20.5	22.5		and, fine grains				ļ					
22.5	25.8		ean to Fat Cla									1
22.5	23.0		yer of dark gray and, medium gr				 	-				
			ome medium and									1
25.8	37.5	30)'	_]							
37.5	42.5	S	and, fine to coa	rse grained, o	olive				ate: 10/07/		3 KS SP	C
42.5	43	L	ithology not l	ogged				North: 2	95330.7 ft			
									71476.0 ft			
			ER'S CERTIFICAT		r well was (1) construct	ed, (2) reco	onstructed, o	r (3) plugged u	under my juris	sdiction and	d was
completed of	on (mo/day/yr)		10/0	3/13		and thi	s record is 1	true to the be	est of my knov	wiedge and b	elief. Kan	sas
completed on (mo/day/yr) 10/03/13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record yeas, completed on (mo/day/yr) 10/23/13												
under the business name of GSI Engineering, LLC by (signature)												
INSTR	UCTIONS:. Ple	ase fill in bla	nks and circle the cor	rect answers. Se	end three copi	es to Kansa	s Departme	nt of Health a			Vater, 1000	sw
Jackso	n St., Ste. 420,	ropeka, Kan	sas 66612-1367. Tel	ephone: 913-29	6-5545. Seno	one to WA	TER WELL	OWNER and	retain one for y	our records.		