•				Revi	sed	R	colace	5 MW	ZRR	<u>.</u>	
	VELL REC		Form WWC-5	•	, ,	Divi	sion of Water irces App. No.		Well ID	MW20R	
		ATER WELL:	Frac					er Township Num		Number	
County				1/4 1/4		NE ¼	27	T 11	S R 2	25 X E W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction Business: Union Pacific Railroad Company from nearest town or intersection): If at owner's address, check here:											
1		las St., Stop 1040	ny			of SW Blvd., between 29th & 31st Street, Kansas City, KS					
Address	Address:										
3 LOCA	Om TE WELL		TH OF COMPL	66179 ETED WELL:	18	n l	5 Latitude:	39 0722	266 (de	eimal degrees)	
1	"X" IN	Depth(s) C	Groundwater Encou	ntered: 1)		ft	Longitude	-94.613	106(de	cimal degrees)	
SECTI	SECTION BOX: 2) ft 3) ft, or 4) Dry W						ell Horizontal Datum: WGS 84 X NAD 83 NAD 27 ft. Source for Latitude/Longitude:				
	N WELL'S STATIC WATER LEVEL: NA  X below land surface, measured on (mo-day-yr)							init make/model:		)	
L NW	above land surface, measured on (mo-day-yr)							AAS enabled?		)	
	Pump test data: Well water wasft										
w	after hours pumping Water well was					pm Online Mapper					
Sw .	SW SF after hours pumping g										
	Estimated Yield:gpm					Source Land Survey GPS Topographic Map					
	Bore Hole Diameter: 7.25 in to ft, in to ft						d Other				
	1 mile										
7 WELL WATER-TO BE USED AS: 1 Domestic: 5 Public Water Supply: well ID 10 Oil Field Water Supply: lease											
Housel	hold		vatering: how mar				Test Hole: wel			Build had build a decided	
Lawn &	Lawn & Garden 7 Aquifer Recharge: well ID Cased Uncased Geotechnical								al		
	Livestock 8 X Monitoring: well ID MW20R 12 Geothermal: How many bores?										
3 Feedlo	Irrigation 9 Environmental Remediation: well ID a) Closed Loop Horizontal Vertical Feedlot Air Sparge Soil Vapor Extractior b) Open Loop Surface Discharge Inj. of Water										
	ndustrial Recovery Injection Other (specify):									,	
Was a chemical/bacteriological sample submitted to KDHE? Yes X No If yes, date sample was submitted:											
Water well disinfected? Yes X No											
8 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: Glued Clampled Welded X Threaded											
Casing diameter 2 in. to 8 ft, Diameter in. to ft, Diameter in. to ft, Casing height above land surface 2.99 in. Weight lbs./ft. Well thickness or gauge No											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
Steel Stainless Steel Fiberglass X PVC Other (Specify)											
Brass Galvanized Steel Concrete tile None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:											
Continuous Slot X Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)											
Louve	red Shutter	Key Punched	Wire Wrap	ped S	aw Cut	None	(Open Hole)			- M-14/4 Mt. 4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
SCREEN-PE	SCREEN-PERFORATED INTERVALS: From 8 ft. to 18 ft, From ft. to ft, From ft. to ft,									ft,	
								ft, From			
9 GROUT N		Neat cemen		grout X B	entonite [	X Other	Concrete: 0-0.:	51			
1	********	contamination:	3 ft, From	11. 10		it, Pro	mft.	toft,			
Septic	-		eral Lines	Pit Privy	ſ	Lives	stock Pens	Insecticide	Storage		
	Sewer Lines Cess Pool Sewage Lagoon					X Fuel Storage Abandoned Water Well					
	tight Sewer Lin		page Pit [	Feedyard	[	Ferti	lizer Storage	Oil Well /	Gas Well		
Direction from				Distance from	n well?			ſt	-		
10 FROM	TO		LITHOLOGIC			FROM	10	LITHO. LOG (co	nt.) or PLUGGI	NG INTERVALS	
0		Surface gravel									
2		Clay Clay w/ silt, sand, a	and gravel				-				
.11	16	Silty clay w/ fine sa									
			18.00-19.00-19.00								
						_	-	hallow groundwater	r, <20' of grout	was installed at	
the direction of KDHE.  11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, or plugged under my									under my		
	jurisdiction and was completed on (mo-day-year) 5/6/21 and this record is true to the best of my knowledge and befiel. Kansas Waret well Contractor's										
License No	757	This W	ater Well Record w	as completed on	(mo-day-yea	г)		( ///		)	
under the l		of Larsen & Asso	ciates, Inc.	onstructed well to:	Kansas Denarti	nent of Ho	Signature	ent, Bureau of Water	VIS Section		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureku of Water 4x15 Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.											