

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>WYANDOTTE</b>		$\frac{1}{4}$ <b>E2</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$	<b>211</b>	T <b>11</b> S	R <b>25</b> <b>EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>FINAL CLARIFIER TANKS KAW POINT MUNICIPAL WWTP #1 KANSAS CITY, KANSAS</b>					
2 WATER WELL OWNER:		CITY OF KANSAS CITY, KANSAS			
RR#, St. Address, Box # :		1 CIVIC CENTER PLZ		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		KANSAS CITY, KANSAS 66101		Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>80</b> ft. ELEVATION: <b>67.8</b>			
		Depth(s) Groundwater Encountered 1. <b>17</b> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>17</b> ft. below land surface measured on mo/day/yr <b>5-8-86</b>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <b>500</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>36</b> in. to <b>80</b> in. and _____ in. to _____ in.			
		WELL WATER TO BE USED AS:			
		5 Public water supply      8 Air conditioning      11 Injection well 1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below) 2 Irrigation      4 Industrial      7 Lawn and garden only      10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		Casing Joints: Glued _____ Clamped _____			
1 Steel      3 RMP (SR) 2 PVC      4 ABS		5 Wrought iron      8 Concrete tile 6 Asbestos-Cement      9 Other (specify below)      Welded _____ 7 Fiberglass      _____      Threaded _____			
Blank casing diameter <b>12</b> in. to <b>60</b> in. Dia _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <b>24</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>25</b> "			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 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      3 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>60</b> ft. to <b>80</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <b>10</b> ft. to <b>80</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL:		1 Neat cement      2 Cement grout      3 Bentonite      4 Other <b>CLAY</b>			
Grout Intervals: From <b>0</b> ft. to <b>10</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      11 Fuel storage      15 Oil well/Gas well 2 Sewer lines      5 Cess pool      8 Sewage lagoon      12 Fertilizer storage      16 Other (specify below) <b>STP</b> 3 Watertight sewer lines      6 Seepage pit      9 Feedyard      13 Insecticide storage			
Direction from well? <b>Surrounded</b>		How many feet? <b>SEWAGE TREATMENT PLANT</b>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	CLAY & BRICK FILL	50	60	FINE SAND, Trace SILT
4	7	CLAY	60	62	Coarse-medium Sand
7	19	FINE SAND, Trace SILT	62	72	COARSE SAND
19	29	SILTY CLAY	72	79	COARSE SAND, SML. GRAY.
29	31	SILT			
31	43	SILTY SANDY CLAY			
43	50	FINE SAND			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>5-2-86</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>445</b> This Water Well Record was completed on (mo/day/yr) <b>5-27-86</b> under the business name of <b>KELLEY CONTRACT DEWATERING</b> by (signature) <b>L J Kelley</b>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					