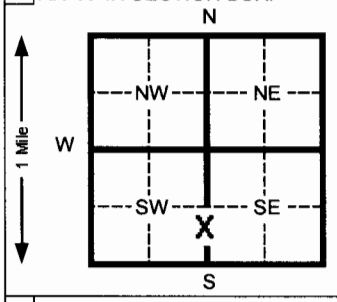
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. **MW-15**

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Wyandotte**	**NE** ¼ **SE** ¼ **SW** ¼	**27**	T **11** S	R **25** (E)/W

Distance and direction from nearest town or city street address of well if located within city?
1122 Southwest Boulevard, Kansas City, Kansas

2 WATER WELL OWNER: **McCall Service Stations, Inc.**
RR#, St. Address, Box # : **P.O. Box 138**
City, State, ZIP Code : **Belton, Missouri 64012**
Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **18.5** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **10.5** ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL **10.73** ft. below land surface measured on mo/day/yr **07/19/04**
Pump test data: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield **NA** gpm: Well water was ____ ft. after ____ hours pumping ____ gpm
Bore Hole Diameter **8.5** in. to **18.5** ft. and ____ in. to ____ ft.
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering (10) Monitoring well 11 Injection well 12 Other (Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes ____ No ____ If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes ____ No **x**

5 TYPE OF BLANK CASING USED: 1 Steel (2) PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued ____ Clamped ____ Welded ____ Threaded **x**
Blank casing diameter **2.375** in. to **8.5** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface **Flush Mount** in., weight ____ lbs./ft. Wall thickness or gauge No. **Schedule 40**
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile (7) PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ____ 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter (3) Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ____ 11 None (open hole)
SCREEN-PERFORATED INTERVALS: From **18.5** ft. to **8.5** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From **18.5** ft. to **5.5** 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 ***Aggregate (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: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens (11) Fuel storage (former) 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below)
Direction from well? **West-Southwest** How many feet? **90**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	1.5		Aggregate (AB-3), concrete fragments, hard, dry
1.5	3.0		Black clayey sand, slightly silty, friable, moist
3.0	10.5		Black sandy clay, slightly silty, friable, moist, odor
10.5	18.5		Black sandy clay, slightly silty, wet, odor
			***Well completed within area to be paved with concrete.**
			Flush-mount well completion waiver existent for site.

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 belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **07/22/04**
under the business name of **Quad State Services, Inc.** by (signature)

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of 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.

OFFICE USE ONLY T R SEC