SB-12 38046'5, 904"NU MW-7 950 22' 5,375"W

	VATER WELL RECORD Form WWC-5				Division of Water								
	Original Record Correction Change in Well Use			Resources App. No.				Well ID					
		WATER WEI	L: Fr	action	ایرانی	Secti	ion Numl	ber	Township Numb	į.	Range Number		
2 WELL	DO LA	Last Name		YE YSW	Street or	Dura	1 Addres	c who	T /5 S	R	18 ⊠E □ W		
Business	2 WELL OWNER Last Name. First: Business: US ACE Kansas Cisy Oist.						Street or Rural Address where well is located (if unknown, distance and direction from nearest town gr intersection): If at owner's address, check here:						
Address	CALE	~ t.4 /2 #fe	C4 '		Kans	as	S	/ X	1200 Road	<u>e</u>	s, eneck here.		
Address City: Kansas City, Matate: 64166 ZIP:							Wes						
3 LOCA	TE WELL	4 5555	LOE COMPL						29 769306	7			
WITH	WITH "X" IN SECTION ROX. 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)						34' ft. 5 Latitude: 38.7683067 (decimal degrees) Longitude: -95.3681597 (decimal degrees)						
	2) 0 2)						Dry Well Longitude: 7.79.300.03						
	WELL'S STATIC WATER LEVEL:								Datum: WGS 84 Latitude/Longitude:		D 83 LJ NAD 27		
	below land surface, measured on (mo-day						GPS (unit make/model:)						
NW -	WNE above land surface, measured on (mo-day					·yr)			(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was					Land Survey Topographic Map							
W		B after hours pumping					Online Mapper:						
;	after hours pumping												
XL	Estimated Yield:gpm					6 Elevation:					md Level 🗍 🖂		
1 , ,	Bore Hole Diameter:									Land Survey GPS GPS hopographic Map Other			
	mile in. to						l		Cher				
T WELL WATER TO BE USED AS: L Domestic: 5. □ Public Water Supply: well ID													
	Ususchold 6. Dewatering: how many wells?												
Lawn	Lawn & Garden 7. Aquifer Recharge: well ID					Cased Uncased Geotech							
_] Livestock 8. 🔀 Monitoring: well ID								il: how many bores:				
2. ☐ Irrigat 3. ☐ Feedle	I Irrigation 9. Environmental Remediation: well I					•••			Loop Horizonta				
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor I 4. ☐ Industrial ☐ Recovery ☐ Injection							b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):						
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:													
Water well disinfected? Yes No													
8 TYPE OF CASING USED: ☐ Steel M PVC ☐ Other													
Casing diameter													
Casing height above land surface . Flack in. Weight lbs./ft. Wall thickness or gauge No. Sah . # 40													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel ☐ Stainless Steel ☐ Fiberglass													
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:													
☐ Continuous Slot Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)													
Louve	cred Shutter	☐ Key Punch	ned Wire V	Vrapped 🗌 Sa	w Cut □	∃Nor	ie (Open l	Hole)			1		
SCREEN-I	PERFORAT	ED INTERVA	ALS: FromZ	4 fl. to34	ft Fro	m	ft. t	to	ft From	ft. 1	to ft.		
									ft., From				
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Growt													
Grout Intervals: From													
☐ Septic	•		ateral Lines	☐ Pit Privy		□ Li	vestock P	ens	[] Insectici	de Storaș	ac)		
Sewer			'ess Pool	☐ Sewage La			icl Storage						
	ight Sewer L (Specify)	-	icepage Pit	☐ Feedyard		Fe	rtilizer St	orage	Oil Meil	'Gas We	11		
Direction fro									fl.				
10 FROM	TO		THOLOGIC		FROM		ТО		IO. LOG (cont.) or l	भागवता	NGINTERVALS		
ø	6"	Topsos/											
69	9'	Silt. cla		Canal & Coron	20/								
- 9	16'	Linesto	ne										
16	25'	Shale											
25 34	35'	Linest	ON T			-							
	3.3	3 11010				Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\infty\) constructed, \(\su\) reconstructed, or \(\su\) plugged													
under my jurisdiction and was completed on (mo-day-year) 11.06/2016 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 5.9 This Water Well Record was completed on (mo-day-year) 11.10.6/20.16													
under the b	usiness nan	e of	auu	C). I I 1948		Sign	ature	cour	wal a Count A				
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment. Bureau of Water, GWTS 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													
		t., Suite 420, Tope s.gov/waterwell/ir			Water Well (KSA 82a-			one for	your records. Telepho		96-5524. ed 7/10/2015		
visit us at ntll	a.a www.kanek	s.gov/waterWeH/If	IGCX HUIH		130/3 044	1414				REVISE	40 //10//015		