				mu-1				
WATER WELL REC	ORD	Form W	WC-5			r Resources App. N	O. L. Number	
1 LOCATION OF WATER WELL:		Fraction		1	n Number 29	Township No. T 9 S	Range Number R 1  ZE  W	
County: Clay		1/4 NE 1/4 NV	V 1/4 NE 1/4	Clahal	Docitioning	System (GPS) it	formation:	
Street/Rural Address of Well Location; if unknown, distance & direction					Global Positioning System (GPS) information: Latitude: .39. 24.74 (in decimal degrees) Longitude: 97. 33.95 (in decimal degrees)			
from nearest town or intersection: If at owner's address, check here					Longitude: 97. 33.95 (in decimal degrees)			
Namoda Comaci Todated Edet of Emeritary					L'Iloyation:			
Road 404 near Oak Hill, <b>k\$</b>					Datum: WGS 84, NAD 83, NAD 27 Collection Method:			
2 WATER WELL OWNER: BNSF Railway RR#, Street Address, Box #: 4515 Kansas Ave.					Ta CDS unit (Make/Model: Garmin 60			
City, State, ZIP Code : Kansas City, KS 66106					☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m			
Trailed Styling 33 / 31					ccuracy: \_ <	3 m, 2 3-5 m, L	3-15 m,     /15 m	
3 LOCATE WELL	. TRAN EBSESSES AND	COMPLETED WEL	ı 19		ft.			
CECTION DOV.	WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL 19 ft.  Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (3) ft. (3) ft. (3) ft. (3) ft. (4) ft. (5) ft. (6) ft. (7) ft. (1) ft. (1) ft. (1) ft. (2) ft. (3) ft. (3) ft. (4) ft. (4) ft. (5) ft. (6) ft. (7) ft. (7) ft. (8) ft. (1) ft. (1) ft. (1) ft. (1) ft. (2) ft. (3) ft. (4) ft. (5) ft. (6) ft							
N WITH THE CHARLES INVALLED INVALLED IN DEIDW BRICE SHEADER OF MINOR WAY JAMES OF A THE ACTUAL OF TH								
Down test date: Well water was - It after nours pumping 8th								
Pump test data. Wen water was								
WELL WATER TO BE USED AS: Public water supply Geothermal Linjection well								
WILL WATER TO BE OSED AS: I do not water supply Dewatering Other (Specify below								
Industrial Domestic-lawn & garden Monitoring weil								
Was a chemical/bacteriological sample submitted to Department? Yes No  If yes, mo/day/yr sample was submitted								
S	If yes, mo/	day/yr sample was su	bmitted. <del>.</del>					
Water went districted: res								
5 TYPE OF CASING USED: Steel PVC Other Other Welded Threaded								
CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 2 in. to 9 ft., Diameter 5 in. to 5 ft., Diameter 5 ft.								
Casing height above land surface. 30 in., Weight								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
Steel Stainless Steel PVC Other (Specify)								
SCREEN OR PERFORATION OPENINGS ARE:								
Continuous clot								
Louvered shutter   Key punched   Wire wrapped   Saw cut   Other (specify)     SCREEN-PERFORATED INTERVALS: From . 9   ft. to . 19   ft., From								
From								
GRAVEL PACK INTERVALS: From .7. ft. to .19. ft., From .7. ft. to7.							to ft.	
From								
6 CDOUT MATERIAL.   Next coment   Coment grout   Rentonite   Other								
Grout Intervals: From .2								
What is the nearest source of possible contamination:  Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)								
Sewer lines								
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer stora					☐ Oil well/ga	20 11 011		
Direction from well	LITHOLOG		FROM	TO TO	LITHO L	OG (cont.) or PLI	JGGING INTERVALS	
FROM TO		ne rod	TROW	10	1,11110.15	00 (00.1) 01.1.2.5		
0 (4 3114 0	·ay		1					
		and the state of t						
					······································			
	<u></u>							
7 CONTRACTOR'S OR	LANDOWNEI	R'S CERTIFICATIO	N: This wat	er well w	/as 🛭 constr	ructed,  reconst	ructed, or plugged	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \( \bigcirc \) constructed, \( \bigcirc \) reconstructed, or \( \bigcirc \) plugged under my jurisdiction and was completed on \( \bigcirc \) (mo/day/year) 7/11/1.3								
Kansas Water Well Contractor's License No. 7.10 This Water Well Record was completed on (mo/day/year)								
TATOMINATIONS ON THE PROPERTY OF THE PROPERTY	it is an ball maket more	. DIEACE DDECC EIDML	V and PRINT of	learly Pies	ise fill in blanks	s and check the correc	answers. Gend one copy w	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW. Jackson St., Suite 420, Topeka, Kansas 66612-1367.  Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at								
Telephone 785-296-5524. Seno	lone copy to WAT!	ER WELL OWNER and ret	ain one for your	records. 1	include fee of s	o.uu for each constru	cied well. Yish us at	

http://www.kdhoks.gov/waterwell/index.html