

1 LOCATION OF WATER WELL: County: WYANDOTTE Fraction: NW 1/4 SE 1/4 SE 1/4 Section Number: 29 Township Number: T 11 S Range Number: R 24 EW	
Distance and direction from nearest town or city street address of well if located within city? 1/2 mile Southwest of Morris KANSAS	
2 WATER WELL OWNER: JOHNSON COUNTY Water District RR#, St. Address, Box #: 7601 Holiday Dr. City, State, ZIP Code: MORRIS, KS 66106	
Board of Agriculture, Division of Water Resources Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: 70' ft. ELEVATION: Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: 39 ft. below land surface measured on mo/day/yr 5-23-97 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: 6 in. to 70 ft. and _____ in. to _____ ft. 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 Monitoring well Pressure Was a chemical/bacteriological sample submitted to Department? Yes _____ No (X) If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? (X) Yes No
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ (X) PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter 2 in. to 60 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface 24 in. weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass (X) PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: (X) Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 60 ft. to 70 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 55 ft. to 70 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite (X) Other 25% BENTONITE CLAY GROUT Grout Intervals: From 10 ft. to 55 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage _____ Direction from well? _____ How many feet? _____	
LITHOLOGIC LOG FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0.0 2.0 DARK BROWN SILT 2.0 4.0 LIMESTONE GRAVEL 4.0 21.5 BROWN Silty Clay 21.5 36.0 GRAY FINE TO MED Sand, Clay Traces 36.0 37.5 BROWN Sandy Silt 37.5 49.0 BROWN Med. to Coarse Sand, Clay Traces 49.0 53.0 GRAY Med. to Coarse Sand, Clay Traces 53.0 59.0 BROWN Coarse Sand to Gravel, Clay and Boulder Traces 59.0 61.0 LIMESTONE Boulders 61.0 68.0 GRAY BROWN Coarse Sand & Gravel with Boulder traces 68.0 69.0 LIMESTONE Hard 69.0 70.0 Olive Gray Shale Hard	
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/year) 5-23-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/yr) 5-11-97 under the business name of LAYNE CHRISTENSON by (signature)	
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	