

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

Blank box for application number

1 LOCATION OF WATER WELL: County: Shawnee, Fraction NW 1/4 NE 1/4 NE 1/4, Section Number 12, Township Number T 12 S, Range Number R 15 W. Distance and direction from nearest town or city street address of well if located within city? 2100 SW Buchanan

2 WATER WELL OWNER: Terry Morgason, RR#, St. Address, Box #: 4033 NE CRIMSON DR, City, State, ZIP Code: Lees Summit MO 64064. Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39° 01' 45.5", Longitude: 95° 41' 31.9", Elevation: Tbc 901.17 PIN 901.64, Datum: , Data Collection Method: legal survey

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N, W, E, S grid with 'X' in NE quadrant

4 DEPTH OF COMPLETED WELL 30 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... 15.92 ft. below land surface measured on mo/day/yr... 3-13-06. Pump test data: Well water was.....ft. after..... hours pumping..... gpm. Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm. 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 Domestic (lawn & garden), 10 Monitoring well. Was a chemical/bacteriological sample submitted to Department? Yes..... No [X]; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes..... No [X]

5 TYPE OF 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 ..... in. to ..... ft., Diameter..... in. to ..... ft., Diameter..... in. to ..... ft. Casing height above land surface..... in., Weight.....lbs./ft. Wall thickness or guage No. .... TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel, 2 Brass, 3 Stainless Steel, 4 Galvanized Steel, 5 Fiberglass, 6 Concrete tile, 7 PVC, 8 RM (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 Guazed wrapped, 6 Wire wrapped, 7 Torch cut, 8 Saw Cut, 9 Drilled holes, 10 Other (specify)..... 11 None (open hole). SCREEN-PERFORATED INTERVALS: From..... 5 ft. to ..... 30 ft., From..... ft. to ..... ft., From..... ft. to ..... ft. GRAVEL PACK INTERVALS: From..... 3 ft. to ..... 30 ft., From..... ft. to ..... ft., From..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement, 2 Cement grout, 3 Bentonite, 4 Other concrete. Grout Intervals: From..... ft. to ..... ft., From..... ft. to ..... 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, 12 Fertilizer Storage, 13 Insecticide Storage, 14 Abandoned water well, 15 Oil well/gas well, 16 Other (specify below). Direction from well? ..... How many feet? .....

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows: 0-1 silt w/clay, soft, moist, brown, no stain, no odor; 0-10 clay, v. stiff, reddish brown, rust nodules, no odor; 13-15 silty clay, brown, reddish tan, rust nodules, soft moist, no odor, no stain; 18-20 clay, v. stiff, grey brown, rust nodes, no odor; 30-70 Flushmount Quicker by D Taylor

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) ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757..... This Water Well Record was completed on (mo/day/year) 3/13/06 under the business name of Larsen + Associates by (signature) Kelly Quinn

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, Geology Section, 1000 SW Jackson St., Suite 420 Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells.