

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Johnson</u>		SE ¼ NE ¼ NE ¼	27	T 12 S	R 22 <b>EW</b>
Distance and direction from nearest town or city street address of well if located within city?					
<u>South bank of Kansas River, approx. 2430 ft. east of DeSoto + 520 ft. north of RR</u>					
2 WATER WELL OWNER: <u>City of Olathe</u>					
RR#, St. Address, Box #: <u>Municipal Service Department</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>Highway 7, P.O. Box 768; Olathe, KS 66051-0768</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>70</u> ft. ELEVATION: <u>grade 784.09</u>			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>23.88</u> ft. below land surface measured on <u>mo/day/yr 10/1/96</u>			
		* Pump test data: Well water was <u>25.53</u> ft. after <u>0.5</u> hours pumping <u>84</u> gpm			
		Est. Yield _____ gpm: Well water was <u>26.66</u> ft. after <u>0.5</u> hours pumping <u>126</u> gpm			
		Bore Hole Diameter <u>6</u> in. to <u>29.76/72</u> ft. and <u>0.5</u> in. to <u>204</u> 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 <u>Observation well</u>			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <u>X</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
② PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
			7 Fiberglass		Threaded _____
Blank casing diameter <u>2</u> in. to <u>60</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>36</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>sch80PVC</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
					12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 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) <u>0.020" slot</u>	
SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>70</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      ③ Bentonite      4 Other <u>3 bags bentonite powder</u>					
Grout Intervals: From <u>0</u> ft. to <u>30</u> 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?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Clay, silty, dark gray-brown			
2	28	Silt, clayey, gray-brown, soft			
28	37	Silt, trace sand dark gray-brown			
37	39	Sand, fine-medium; trace gravel/gray			
39	59	Sand, fine-coarse and gravel fine-coarse olive gray, some cobbles at 43'+53'			
59	67	Sand, medium-coarse and gravel fine-coarse olive gray			
67	71	Gravel fine-coarse and sand fine-coarse, some cobbles			
71	72	Shale, weathered, green-gray			
					*NOTE: temporary 0.050" slot 5.75" diameter stainless steel wire-wound screen @ 59-69' for specific capacity testing. (toc= +1 ft)
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) <u>10/2/96</u> and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. <u>578</u> This Water Well Record was completed on (mo/day/yr) <u>11/27/96</u>					
under the business name of <u>Hydro Group, Inc.</u>			by (signature) <u>Michael J. Shea</u>		
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.					