

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: JOHNSON		SW 1/4 SW 1/4 SE 1/4	1	T 12 S	R 23 E

Distance and direction from nearest town or city street address of well if located within city?
JOHNSON COUNTY LANDFILL 18181 W. 53RD SHAWNEE, KS.

2 WATER WELL OWNER: DEFFENBACH INDUSTRIES, ATTN: MARC COSSART	
RR#, St. Address, Box # : P.O. Box 3220	Board of Agriculture, Division of Water Resources
City, State, ZIP Code : SHAWNEE, KS. 66203	Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 256.53 ft. ELEVATION:	
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Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr. **NOT TO STATE**

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:

1 Domestic	3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
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 BLANK CASING USED:		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)	
2 PVC		4 ABS		7 Fiberglass		Welded _____	
						Threaded X	
Blank casing diameter 2 in. to 245.70 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Casing height above land surface 24 in., weight _____ lbs./ft. Wall thickness or gauge No. 5.44.0							
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC		10 Asbestos-Cement			
1 Steel		3 Stainless Steel		5 Fiberglass		8 RMP (SR)	
2 Brass		4 Galvanized Steel		6 Concrete tile		9 ABS	
						11 Other (Specify) _____	
						12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut		11 None (open hole)	
1 Continuous slot		6 Wire wrapped		9 Drilled holes			
2 Louvered shutter		7 Torch cut		10 Other (specify) _____			
3 Mill slot							
4 Key punched							
SCREEN-PERFORATED INTERVALS:		From 245.70 ft. to 255.71 ft., From _____ ft. to _____ ft.					
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS:		From 241.0 ft. to 256.53 ft., From _____ ft. to _____ ft.					
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.					

6 GROUT MATERIAL:		1 Neat cement		2 Cement grout		3 Bentonite		4 Other BENTONITE SLURRY	
Grout Intervals 2 From 0 ft. to 231.5 ft. 2 From 231.5 ft. to 241 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	
		2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage	
		3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage	
								13 Insecticide storage	
								14 Abandoned water well	
								15 Oil well/Gas well	
								16 Other (specify below)	
								JOHNSON COUNTY LANDFILL	
Direction from well?								How many feet?	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	170	NIO SAMPLES COLLECTED, STARTED CURRENT AT 170.	239	241	SHALE, OLIVE GRAY
			241	251	LIMESTONE, LIGHT BROWNISH GRAY
170	172.75	LIMESTONE, BROWNISH GRAY	251	253	SHALE, MEDIUM GRAY
172.75	176.75	SHALE, MED. DARK GRAY	253	253.5	LIMESTONE, LIGHT BROWNISH GRAY
176.75	177	COAL	253.5	256.53	SHALE, MED. GRAY
177	185.75	LIMESTONE			
185.75	189.5	SHALE, BROWNISH GRAY			
189.5	204.5	LIMESTONE PALE YELLOWISH BROWN			
204.5	204.75	SHALE, DARK GRAY			
204.75	207.25	LIMESTONE			
207.25	213.25	SHALE, GRAYISH BLACK			
213.25	232.25	LIMESTONE, LIGHT GRAY			
232.25	236	SHALE LIGHT GRAY			
236	239	LIMESTONE, BROWNISH GRAY			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This well was 1 constructed, 2 reconstructed, or 3 plugged under my jurisdiction and was completed on (mo/day/year) 10/12/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 585 This Water Well Record was completed on (mo/day/yr) 12/12/04 under the business name of ASSOCIATED REMEDIATION INC. by (signature) [Signature]	
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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.