

LOCATION OF WATER WELL: County: <u>Johnson</u>		Fraction: <u>SW 1/4 NE 1/4 NE 1/4</u>	Section Number: <u>1</u>	Township Number: <u>12 S</u>	Range Number: <u>23 EW</u>
Distance and direction from nearest town or city street address of well if located within city?					
WATER WELL OWNER: R#, St. Address, Box # City, State, ZIP Code		<u>Johnson County Land Fill</u> <u>18181 W. 53rd St.</u> <u>Shawnee KS 66217</u>			
		Board of Agriculture, Division of Water Resources Application Number:			
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF COMPLETED WELL: <u>172</u> ft. ELEVATION: <u>886.38</u>			
<div style="text-align:center;">N +---+ NW +---+ NE X     +---+ SW +---+ SE S</div>		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>140.95</u> ft. below land surface measured on mo/day/yr <u>6-5-06</u> 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 <u>6</u> in. to <u>175</u> 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 <u>MW-63</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>			
TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 2 PVC Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ ft. weight _____ lbs./ft. Wall thickness or gauge No. <u>Sched. 80</u>		3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) Welded _____ Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC			
1 Steel 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched		5 Fiberglass 6 Concrete tile 7 Torch cut 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)			
SCREEN-PERFORATED INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GROUT MATERIAL:		3 Bentonite <u>Chap</u> 4 Other <u>Bentonite Grout</u>			
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens      14 Abandoned water well			
1 Septic tank      4 Lateral lines      7 Pit privy 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) <u>NADWLF</u>					
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	26	Limestone & shale Fill material			
26	38	CLAY LT. Brown			
38	65	LANE shale			
65	70	RAYTOWN LS			
70	72	Muncie creek shale			
72	75	POLA LS			
75	89	Chanute shale			
89	101	Drum. LS			
101	109	Quinn sh.			
109	127	Westerville LS			
127	131	WEA shale			
131	132	Block LS			
132	144	Fonitama shale			
144	174	WINTerset LS			
174	175	STARK shale			
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>4/14/06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>650</u> This Water Well Record was completed on (mo/day/yr) <u>2/12/09</u> Under the business name of <u>DFS</u> by (signature) <u>[Signature]</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.					