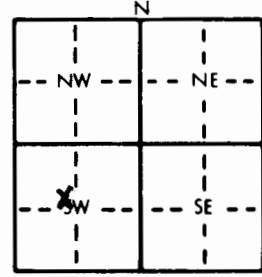


1 LOCATION OF WATER WELL: Fraction SE 1/4 NW 1/4 SW 1/4 Section Number 1 Township Number T 12 S Range Number R 23 EW
 County: JOHNSON

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: JOHNSON COUNTY LANDFILL
 RR#, St. Address, Box #: 18181 W. 53RD ST
 City, State, ZIP Code: SHAWNEE, KS 66217
 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: 193 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 151.65 ft. below land surface measured on mo/day/yr 10-29-07
 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 193 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 MW-56R
 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:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 7 Fiberglass _____ Welded _____ Threaded _____
 Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 2.21 FT weight _____ lbs./ft. Wall thickness or gauge No. Sched. 80
 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 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) _____
 SCREEN-PERFORATED INTERVALS: From 168 ft. to 193 ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 162 ft. to 193 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite chip 4 Other Bentomite pellets
 Grout Intervals 4 From 96.0 ft. to 162 ft. 3 From 100 ft. to 96.0 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 MSWLF
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	24	CONCRETE	163	193	WINTERSSET LS
24	41	ARGENTINA LS			
41	42	QUINDARO SH			
42	45	FISHBIE LS			
45	89	KRAME SH			
89	96	RAYTOWN LS			
96	100	MUNIC CREEK SH			
100	102	PAOLA LS			
102	116	CHAMVIE SH			
116	126	DRUM LS			
126	133	QUIVIVA SH			
133	149	WESTERVILLE LS			
149	157	WEA SH			
157	158	BLOCK LS			
158	163	FONTANA SH			

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) 7-25-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 650 This Water Well Record was completed on (mo/day/yr) 11-2-08 under the business name of DEF 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.

OFFICE USE ONLY
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SEC.
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