WATER WELL RECORD Form WWC-5 KSA 82a-1212

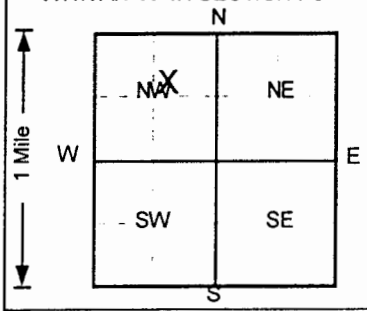
1 LOCATION OF WATER WELL: County: Johnson	Fraction: SW ¼ NE ¼ NW ¼	Section Number: 13	Township Number: T 12 S	Range Number: R 24 (E)/W

Distance and direction from nearest town or city street address of well if located within city?
6420 Carter, Merriam, Kansas

2 WATER WELL OWNER: Smith/Lau Associates
RR#, St. Address, Box # : 10846 Madison
City, State, ZIP Code : Kansas City, Missouri 64114

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 ..... 17 ..... ft. ELEVATION: ..... 941.42 .....
Depth(s) Groundwater Encountered 1. ..... 999 ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL ... 10.49 ... ft. below land surface measured on mo/day/yr .... 6/18/97 .....
Pump test data: Well water was .... NA .... ft. after ..... hours pumping ..... gpm
Est. Yield .. NA ... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter .... 8 .... in. to ..... 17 ..... 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 .....
Was a chemical/bacteriological sample submitted to Department? Yes..... No ✓ ; If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes No ✓

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) Welded .....
(2) PVC 4 ABS 7 Fiberglass ..... Threaded ✓
Blank casing diameter ..... 2 ..... in. to ..... 7 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface ..... -3.84 ..... in., weight ..... Sch 40 ..... lbs./ft. Wall thickness or gauge No. .....
TYPE OF SCREEN OR PERFORATION MATERIAL (7) PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....
SCREEN-PERFORATED INTERVALS: From ..... 7 ..... ft. to ..... 17 ..... ft., From ..... ft. to ..... ft
From ..... ft. to ..... ft., From ..... ft. to ..... ft
GRAVEL PACK INTERVALS: From ..... 6 ..... ft. to ..... 17 ..... 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 .....
Grout Intervals: From ..... 0 ..... ft. to ..... 3 ..... ft., From ..... 3 ..... ft. to ..... 6 ..... 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 11 Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage (16) Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage ..Former UST Basin..
Direction from well? South How many feet? 25

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Asphalt,			
0.5	3	Clay, Gray			
3	16	Clay, Gray/Gray Green			
16	17	Clay, Gray Brown			
17		Limestone,			
					MW2 , Tag # 00194905 , Flushmount
					Project Name: Specialized Transportation, Inc.
					GeoCore # 468 , KDHE # U4 046 593

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) ..... 6/16/97 ..... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. ..... 527 ..... This Water Well Record was completed on (mo/day/yr) ..... 8/8/97 .....
under the business name of GeoCore Services, Inc. by (signature) Dale Rolf

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 T R E/W SEC. ¼ ¼ ¼