

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Johnson</u>		SE ¼ SE ¼ NW ¼		23		T 12 S		R 24 EW			
Distance and direction from nearest town or city street address of well if located within city?											
<u>75 th & Nieman Rd. Shawnee Mission, KS.</u>											
2 WATER WELL OWNER: <u>Amoco Oil Co</u>											
RR#, St. Address, Box # : <u>8700 Indian Creek Pkwy, Suite 100</u>						Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <u>Overland Park, KS. 62210</u>						Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>13.0</u> ft. ELEVATION:									
		Depth(s) Groundwater Encountered 1. <u>Dry</u> ft. 2. _____ ft. 3. _____ ft.									
		WELL'S STATIC WATER LEVEL <u>8.86</u> ft. below land surface measured on mo/day/yr <u>1-18-90</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>13.0</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									
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>3.0</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.											
Casing height above land surface <u>4</u> ft. weight _____ lbs./ft. Wall thickness or gauge No. <u>SCH. 40</u>											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 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) _____											
SCREEN-PERFORATED INTERVALS: From <u>3.0</u> ft. to <u>12.0</u> ft., From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From <u>2.0</u> ft. to <u>13.0</u> ft., From _____ ft. to _____ ft.											
6 GROUT MATERIAL: 1 Neat cement <u>X</u> Cement grout <u>X</u> Bentonite 4 Other _____											
Grout Intervals: From <u>0</u> ft. to <u>1.0</u> ft., From <u>1.0</u> ft. to <u>2.0</u> 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? <u>North</u> How many feet? <u>60'</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
0		1.0		concrete with gravel base		10.5		13.0		Fat clay, reddish brown	
1.0		3.5		Very silty clay, reddish brown, mottled light gray to yellow, moist, soft to firm						mottled gray trace yellow, moist, stiff, trace hematite nodules, trace rounded coarse sand, becoming yellowish brown with trace black organics - becoming more laminated, possibly weathered shale	
3.5		10.5		Very silty clay, light gray mottled red with trace yellow, moist friable to soft, blocky - with light gray silt seams at 8 Ft., hematite nodules and root casts							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (<u>X</u>) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12-20-89</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>416</u> This Water Well Record was completed on (mo/day/yr) <u>1-31-90</u> under the business name of <u>Terracon Consultants</u> by (signature) <u>Douglas S. Seney</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											