

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Johnson	SW ¼ SW ¼ SW ¼	26	12 S	24 E

Distance and direction from nearest town or city street address of well if located within city?
8633 Quivera Road, Lenexa, Kansas

2 WATER WELL OWNER: Conoco Phillips Company RR#, St. Address, Box # 1360 Phillips Bldg. City, State, ZIP Code : Bartlesville, OK 74004	Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL 20 ft.
WELL'S STATIC WATER LEVEL 10 ft.
WELL WAS USED AS:

1 Domestic
2 Irrigation
3 Feedlot
4 Industrial

5 Public Water Supply
6 Oil Field Water Supply
7 Lawn and Garden (domestic)
8 Air Conditioning

9 Dewatering
10 Monitoring Well
11 Injection Well
12 Other _____

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	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>pulled 3 feet of casing</u>				
Casing height above or below land surface <u>approx. -6</u> in.				

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____				
Grout Plug Intervals From <u>3</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:				
1 Septic tank	2 Sewer lines	3 Watertight sewer lines	4 Lateral lines	5 Cess Pool
6 Seepage pit	7 Pit privy	8 Sewage lagoon	9 Feedyard	10 Livestock pens
11 Fuel storage	12 Fertilizer storage	13 Insecticide storage	14 Abandoned water well	15 Oil well/ Gas well
16 Other (specify below) _____				
Direction from well? <u>south</u>		How many feet? <u>approximately 15</u>		

FROM	TO	CODE	PLUGGING MATERIALS
0	1		Concrete
1	3		Topsoil
3	20		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>10/30/07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>616</u> This Water Well Record was completed on (mo/day/yr) <u>11/6/07</u> under the business name of <u>Thiele Geotech, Inc.</u> by (signature) <u>[Signature]</u>	
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.