

1 LOCATION OF WATER WELL: Fraction NE 1/4 SW 1/4 NW 1/4 Section Number 9 Township Number T 12 S Range Number R 25 E

Distance and direction from nearest town or city street address of well if located within city? 5110 Johnson Drive Mission, KS

2 WATER WELL OWNER: McCall's Service Station, Inc. #22 MW 3 44046164

RR#, St. Address, Box #: 8680 W. 96th Street Board of Agriculture, Division of Water Resources

City, State, ZIP Code: Shawnee Mission KS 66212 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram showing a 36-section grid with 'X' in the NW section]

4 DEPTH OF COMPLETED WELL: 12.5 ft. ELEVATION: [Blank]

Depth(s) Groundwater Encountered 1. [Blank] ft. 2. [Blank] ft. 3. [Blank] ft.

WELL'S STATIC WATER LEVEL [Blank] ft. below land surface measured on mo/day/yr

Pump test data: Well water was [Blank] ft. after [Blank] hours pumping [Blank] gpm

Est. Yield [Blank] gpm: Well water was [Blank] ft. after [Blank] hours pumping [Blank] gpm

Bore Hole Diameter [Blank] in. to [Blank] ft. and [Blank] in. to [Blank] 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 [Blank] No [Blank] If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes [Blank] No [Blank]

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued [Blank] Clamped [Blank]

2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded [Blank] Treaded [Blank]

7 Fiberglass

Blank casing diameter [Blank] in. to [Blank] ft. Dia [Blank] in. to [Blank] ft. Dia [Blank] in. to [Blank] ft.

Casing height above land surface [Blank] in. weight [Blank] lbs./ft. Wall thickness or gauge No. [Blank]

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 11 Other (specify) [Blank]

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

10 Other (specify) [Blank]

SCREEN-PERFORATED INTERVALS: From [Blank] ft. to [Blank] ft. From [Blank] ft. to [Blank] ft.

GRAVEL PACK INTERVALS: From [Blank] ft. to [Blank] ft. From [Blank] ft. to [Blank] ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From [Blank] ft. to [Blank] ft. From [Blank] ft. to [Blank] 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

Direction from well? How many feet? [Blank]

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0 6" Asphalt

3 5 Clay, silty, brn w/ gray orange mottles

6 8 AA

10 12 AA

Flushmount Well Waiver from D. Taylor

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) 2/24/97 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 483 This Water Well Record was completed on (mo/day/yr) 3/15/97

under the business name of TEST by (signature) [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.