

[1] LOCATION OF WATER WELL: County: Johnson Fraction SE ¼ SW ¼ NW ¼		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? 539D Johnson - Property across the street from this address.							
[2] WATER WELL OWNER: Langworthy Companies RR#, St. Address, Box #: 6025 Martway #111 City, State, ZIP Code: Mission, KS 66202				MW 5 U4046163 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: 135 ft. ELEVATION: _____ ft. Depth(s) Groundwater Encountered 1. 8 ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr 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 _____ in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 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>(No)</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>(No)</u>					
A vertical scale bar indicates 1 mile.							
[5] TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile	
(2 PVC)		4 ABS		6 Asbestos-Cement		9 Other (specify below)	
				7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded <u>(Threaded)</u>	
Blank casing diameter 2 in. to 2.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				Casing height above land surface _____ in.; weight _____ lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot		(3 Mill slot)		5 Gauzed wrapped		8 Saw cut	
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes	
				7 Torch cut		10 None used (open hole)	
SCREEN-PERFORATED INTERVALS: From 2.5 ft. to 12.5 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From 2.25 ft. to 12.5 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
[6] GROUT MATERIAL:							
Grout Intervals: From 0 ft. to 1 ft., From 1 ft. to 2.25 ft., From _____ ft. to _____ ft.		1 Neat cement		(2 Cement grout)		(3 Bentonite)	
						4 Other _____	
What is the nearest source of possible contamination:							
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage	
						13 Insecticide storage	
						14 Abandoned water well	
						15 Oil well/Gas well	
						16 Other (specify below) <u>UST's</u>	
Direction from well? How many feet? _____							
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
0	2	Topsoil					
2	5	Clay, silt, gray brn w/ orange mottles					
6	8	AA					
[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 TEST This Water Well Record was completed on (mo/day/yr) 3/15/97 by signature Bob Robinson by 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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.							

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