

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Johnson</u>		<u>SE 1/4 SW 1/4 NW 1/4</u>		<u>9</u>		<u>T 12 S</u>		<u>R 25 E</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>5390 Johnson - Property immediately to the NW of this address</u>									
2 WATER WELL OWNER: <u>Gauguorthy Companies</u> MW# <u>44046/63</u>									
RR#, St. Address, Box #: <u>6025 Matwray #111</u> Board of Agriculture, Division of Water Resources									
City, State, ZIP Code: <u>Mission, KS 66202</u> Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL: <u>14</u> ft. ELEVATION:					
				Depth(s) Groundwater Encountered: <u>1-8</u> 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:					
				5 Public water supply		8 Air conditioning		11 Injection well	
1 Domestic				3 Feedlot		6 Oil field water supply		9 Dewatering	
2 Irrigation				4 Industrial		7 Lawn and garden only		12 Other (Specify below)	
				10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes <u>No</u>									
5 TYPE OF BLANK CASING USED:									
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued <u>Clamped</u>	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded	
				7 Fiberglass				<u>Threaded</u>	
Blank casing diameter: <u>2</u> in. to <u>4</u> ft. Dia. in. to ft. Dia. in. to ft.									
Casing height above land surface: <u>0</u> 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)		10 Asbestos-cement	
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		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>4</u> ft. to <u>14</u> ft.		From <u>3</u> ft. to <u>14</u> ft.		From <u>2</u> ft. to <u>3</u> ft.		From <u>2</u> ft. to <u>3</u> ft.		From <u>2</u> ft. to <u>3</u> ft.	
GRAVEL PACK INTERVALS:									
From <u>4</u> ft. to <u>14</u> ft.		From <u>3</u> ft. to <u>14</u> ft.		From <u>2</u> ft. to <u>3</u> ft.		From <u>2</u> ft. to <u>3</u> ft.		From <u>2</u> ft. to <u>3</u> ft.	
6 GROUT MATERIAL:									
1 Neat cement		2 Cement grout		3 Bentonite		4 Other			
Grout Intervals: From <u>0</u> ft. to <u>2</u> ft. From <u>2</u> ft. to <u>3</u> ft. From <u>2</u> ft. to <u>3</u> ft. From <u>2</u> ft. to <u>3</u> 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		<u>4513</u>	
Direction from well? How many feet?									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0		6"		Asphalt					
3		5"		Clay, s.H., dk. Brn w/ orange mottles, moist					
6		8"		Clay, s.H., dk. Brn w/ orange mottles, moist					
PLUGGING INTERVALS									
Flushmount well Warr by 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) <u>2/24/97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>483</u> This Water Well Record was completed on (mo/day/yr) <u>3/15/97</u> under the business name of <u>TEST</u> by (signature) <u>Bob Robinson by ll</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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