

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Johnson</u>		<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>9</u>	T <u>12</u> S	R <u>25</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>5390 Johnson Drive Mission, KS 66202</u>					
2 WATER WELL OWNER: <u>Lanquarthy Co. Inc</u>		MNI <u>U4046163</u>			
RR#, St. Address, Box #: <u>6025 Martway #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>15</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>~11.75</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 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>(circled)</u> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes _____ No <u>(circled)</u>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile			
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)			
Blank casing diameter <u>2</u> in. to <u>5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass Welded _____ Threaded <u>(circled)</u>			
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)		11 Other (specify) _____			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS		12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mail slot 6 Wire wrapped		9 Drilled holes			
2 Louvered shutter 4 Key punched 7 Torch cut		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>5</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>4</u> ft. to <u>15</u> ft., From _____ ft. to _____ 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>4</u> ft., From _____ ft. to _____ 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		12 Fertilizer storage 16 Other (specify below)			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage 45TS					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		How many feet?			
Direction from well?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6"	Concrete			
5	7	Clay, minor silt, dark brown-olive, moist, with orange mottles (iron)			
10	12	Clay, minor silt, olive brown to blue gray, moist to wet @ 11.75'			
15	17	" "			" , Limestone fragments @ 16.5'
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) <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 U</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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