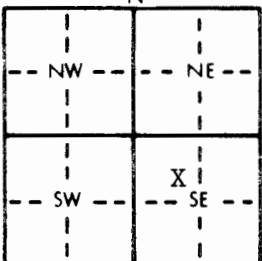


| | | | | | |
|--|------|---|---|-------------------------|------------------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
| County: JOHNSON | | SE 1/4 NW 1/4 SE 1/4 | 3 | T 12 S | R 25 EW |
| Distance and direction from nearest town or city street address of well if located within city? 2814 SHAWNEE MISSION PARKWAY, FAIRWAY, KANSAS | | | | | |
| 2 WATER WELL OWNER: AMOCO OIL COMPANY | | | | | |
| RR#, St. Address, Box #: 8700 INDIAN CREEK PARKWAY | | | Board of Agriculture, Division of Water Resources | | |
| City, State, ZIP Code: OVERLAND PARK, KANSAS 66201 | | | Application Number: | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 15.0 ft. ELEVATION: | | | |
|  | | Depth(s) Groundwater Encountered 1.13.5 ft. 2. ft. 3. ft. | | | |
| | | WELL'S STATIC WATER LEVEL 6.13 ft. below land surface measured on mo/day/yr 5-22-90 | | | |
| | | 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 6 in. to 15 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 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 iron | 8 Concrete tile | CASING JOINTS: Glued Clamped |
| 2 PVC | | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded |
| | | | 7 Fiberglass | | Threaded X |
| Blank casing diameter 2 in. to 5 ft. Dia | | | | | |
| Casing height above land surface -.41 ft. | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| 1 Steel | | 3 Stainless steel | 5 Fiberglass | 7 PVC | 10 Asbestos-cement |
| 2 Brass | | 4 Galvanized steel | 6 Concrete tile | 8 RMP (SR) | 11 Other (specify) |
| | | | | 9 ABS | 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 5 ft. to 14 ft. | | | | | |
| GRAVEL PACK INTERVALS: | | | | | |
| From 4 ft. to 15 ft. | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | |
| Grout Intervals: From #2 0 ft. to 2 ft. From #3 2 ft. to 4 ft. From 4 ft. to 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) |
| Direction from well? SOUTH | | | | | |
| | | | | How many feet? 12 ft. | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
| 0.0 | 0.5 | CONCRETE | | | |
| 0.5 | 0.7 | SAND | | | |
| 0.7 | 2.0 | LEAN CLAY, Silty, dark green | | | |
| 2.0 | 5.0 | LEAN TO FAT CLAY, silty, grey brown | | | |
| 5.0 | 11.0 | LEAN CLAY, silty, red brown, with sand | | | |
| | | becoming moist at 8.5 feet | | | |
| 11.0 | 15.0 | FAT CLAY, red brown | | | |
| | | Bottom of Boring at 15.0 feet | | | |
| 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) 5/17/90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 5/30/90 under the business name of TERRACON CONSULTANTS by (signature) W.S. Semley | | | | | |
| 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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. | | | | | |