

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																														
County: Johnson		NE ¼ SW ¼ NE ¼		30		T 12 S		R 25 E																																																																														
Distance and direction from nearest town or city street address of well if located within city? 8100 Newton, Overland Park, Kansas																																																																																						
2 WATER WELL OWNER: Vicker's Station #2106																																																																																						
RR#, St. Address, Box # : 8127 Santa Fe Drive																																																																																						
City, State, ZIP Code : Overland Park, KS 66204-3607																																																																																						
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 14.4 ft. ELEVATION: 1,061.50 (TOC)																																																																																				
		Depth(s) Groundwater Encountered 1 _____ 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 8.5 in. to 14.4 ft. and _____ in. to _____ ft.																																																																																				
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well																																																																																						
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)																																																																																						
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 Flush																																																																																						
Blank casing diameter 2 in. to 4.4 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																																						
Casing height above land surface Flush Mount in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40																																																																																						
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																																						
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:																																																																																						
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) _____																																																																																						
SCREEN-PERFORATED INTERVALS: From 4.4 ft. to 14.4 ft. From _____ ft. to _____ ft.																																																																																						
GRAVEL PACK INTERVALS: From 3.4 ft. to 14.4 ft. From _____ ft. to _____ ft.																																																																																						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																																																																						
Grout Intervals From .5 ft. to 3.4 ft. From _____ ft. to _____ ft. From _____ 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)																																																																																						
13 Insecticide storage																																																																																						
Direction from well? _____ How many feet? _____																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>.2</td> <td></td> <td>Asphalt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>.2</td> <td>6</td> <td></td> <td>Clay, very dark brown, soft, high plasticity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>9</td> <td></td> <td>Clay, dark olive, soft to firm, med. to high plasticity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9</td> <td>14.4</td> <td></td> <td>Clay, red brown, firm to very stiff, saturated at 10 feet</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	.2		Asphalt				.2	6		Clay, very dark brown, soft, high plasticity				6	9		Clay, dark olive, soft to firm, med. to high plasticity				9	14.4		Clay, red brown, firm to very stiff, saturated at 10 feet																																													
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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/yr) 5/15/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 5/17/06 under the business name of Geotechnical Services Inc. by (signature) <i>[Signature]</i>																																																																																						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																																						

OFFICE USE ONLY

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