

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Johnson	SE 1/4 SE 1/4 SE 1/4	33	12S	25E

Distance and direction from nearest town or city street address of well if located within city?

9440 Mission Road, Prairie Village, N38° 57.422' W94° 37.861'

2 WATER WELL OWNER: Phillips 66 #18676	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # 9440 Mission Road	
City, State, ZIP Code : Prairie Village, KS 66206	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 15 ft.												
	WELL'S STATIC WATER LEVEL 13.22 ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 <u>Monitoring Well</u></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 <u>Monitoring Well</u>	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <u>X</u>													

5 TYPE OF BLANK CASING USED:
1 Steel _____ 3 RMP (SR) _____ 5 Wrought _____ 7 Fiberglass _____ 9 Other (specify below) _____ 2 <u>PVC</u> _____ 4 ABC _____ 6 Asbestos-Cement _____ 8 Concrete Tile _____ Blank casing diameter 2 in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much Removed casing to 3 ft. bgs Casing height above or below land surface ≈ -6 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____
Grout Plug Intervals From 0.5 ft. to 15 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|-------------------------|--------------------------------|
| 1 Septic tank | 6 Seepage pit | 11 <u>Fuel storage</u> | 16 Other (specify below) _____ |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | |
| 5 Cess Pool | 10 Livestock pens | 15 Oil well/ Gas well | |

Direction from well? **unknown**How many feet? **unknown**

FROM	TO	CODE	PLUGGING MATERIALS
0	0.5	--	Concrete
0.5	15	--	Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 5/2/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 616 This Water Well Record was completed on (mo/day/yr) 5/17/07 under the business name of Thiele Geotech, Inc.
by (signature)

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 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.