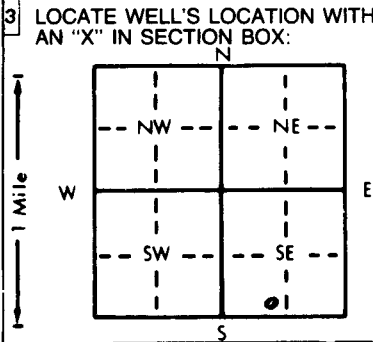


1 LOCATION OF WATER WELL: County: **Johnson** Fraction: **SE 1/4 SW 1/4 SE 1/4** Section Number: **25** Township Number: **T 13 S** Range Number: **R 23 EW**

Distance and direction from nearest town or city street address of well if located within city?
904 E. Sante Fe, Olathe, KS

2 WATER WELL OWNER: **Southland Corp.**
 RR#, St. Address, Box #: **814 Baker Rd** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Virginia Beach, VA 23462** Application Number:



4 DEPTH OF COMPLETED WELL: **10'** ft. ELEVATION:
 Depth(s) Groundwater Encountered: **1.5'** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **4.20** ft. below land surface measured on mo/day/yr **3-19-98**
 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 1/2"** in. to **10'** 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 sub-
 mitted Water Well Disinfected? Yes _____ No **10**

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 **2.375** in. to **4'** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **Flush Mt.** in., weight _____ lbs./ft. Wall thickness or gauge No. _____ **SCH. 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL: **7 PVC** 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot **3 Mill slot** 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **10'** ft. to **4'** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **10'** ft. to **3'** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **3'** ft. to **2'** ft., From **2'** ft. to **0'** ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: **2** 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy **11** Fuel storage **Four** 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? **South South East** How many feet? **85'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Grass-brn-dk brn clay w/LsRx gravel & few brick frag moist, firm, no odor			
3	5.5	Gray brn clay w/oxide staining & mottling moist no odor, firm			
5.5	7.5	Olive green clay w/gray clay & oxide stained clay mottles slt. odor firm, moist			
7.5	10	Frn clay w/gray clay mottles & oxide staining moist no odor firm At 10' limestone			

FM OK'd 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) **3-16-98** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **539** This Water Well Record was completed on (mo/day/yr) **3-21-98** under the business name of **JB Environmental Drilling** by (signature) *James Baker*

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.

OFFICE USE ONLY T R E W SEC 1/4 1/4 1/4