

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                 |                             |                                                   |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------|-----------------------------|---------------------------------------------------|--------------------------|
| [1] LOCATION OF WATER WELL:<br>County: JOHNSON                                                                                                                                                                                                                                                                                                                  |                                                                                    | Fraction<br>NW ¼ NW ¼ NE ¼ SE ¼ | Section Number<br><b>36</b> | Township Number<br>T 13 S                         | Range Number<br>R 23 E/W |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>123 NORTH MAHAFFIE OLATHE, KS MW#7</b>                                                                                                                                                                                                                    |                                                                                    |                                 |                             |                                                   |                          |
| [2] WATER WELL OWNER: COASTAL MART, INC. C/O DEBBIE HARRIS                                                                                                                                                                                                                                                                                                      |                                                                                    |                                 |                             |                                                   |                          |
| RR#, St. Address, Box # : <b>9 GREENWAY PLAZA SUITE# 2810</b>                                                                                                                                                                                                                                                                                                   |                                                                                    |                                 |                             | Board of Agriculture, Division of Water Resources |                          |
| City, State, ZIP Code : HOUSTON, TX. 77046                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                 |                             | Application Number:                               |                          |
| [3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                          | [4] DEPTH OF COMPLETED WELL: <b>14</b> ft. ELEVATION:                              |                                 |                             |                                                   |                          |
| <div style="text-align:center;">N<br/>W      E<br/>S</div> <div style="text-align:right; margin-top:-10px;">Elevation scale: 1 Mile</div>                                                                                                                                                                                                                       | Depth(s) Groundwater Encountered _____ 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: <b>7 1/4</b> in. to <b>14</b> in., and _____ in. to _____ in.                                                                                                                                                                                                                                                                               |                                                                                    |                                 |                             |                                                   |                          |
| WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                 |                             |                                                   |                          |
| 1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)                                                                                                                                                                                                                                                                 |                                                                                    |                                 |                             |                                                   |                          |
| 2 Irrigation    4 Industrial    7 Lawn and garden only <b>X</b> Monitoring well                                                                                                                                                                                                                                                                                 |                                                                                    |                                 |                             |                                                   |                          |
| Was a chemical/bacteriological sample submitted to Department? Yes.....No..... If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                           |                                                                                    |                                 |                             |                                                   |                          |
| Water Well Disinfected? Yes No                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                                 |                             |                                                   |                          |
| [5] TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                                 |                             |                                                   |                          |
| 1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued Clamped                                                                                                                                                                                                                                                                      |                                                                                    |                                 |                             |                                                   |                          |
| <b>X</b> 2 PVC    4 ABS    7 Fiberglass    9 Other (specify below)    Welded Threaded <b>X</b>                                                                                                                                                                                                                                                                  |                                                                                    |                                 |                             |                                                   |                          |
| Blank casing diameter _____ in. Dia _____ in. Dia _____ in. Dia _____ in.                                                                                                                                                                                                                                                                                       |                                                                                    |                                 |                             |                                                   |                          |
| Casing height above land surface _____ in., weight sched <b>40</b> lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                                                   |                                                                                    |                                 |                             |                                                   |                          |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                         |                                                                                    |                                 |                             |                                                   |                          |
| 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    10 Asbestos-cement                                                                                                                                                                                                                                                                                |                                                                                    |                                 |                             |                                                   |                          |
| 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    11 Other (specify) _____                                                                                                                                                                                                                                                                           |                                                                                    |                                 |                             |                                                   |                          |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                 |                             |                                                   |                          |
| 1 Continuous slot <b>X</b> 3 Mill slot <b>0.10</b> 5 Gauzed wrapped    8 Saw cut    11 None (open hole)                                                                                                                                                                                                                                                         |                                                                                    |                                 |                             |                                                   |                          |
| 2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes                                                                                                                                                                                                                                                                                        |                                                                                    |                                 |                             |                                                   |                          |
| 3 Torch cut    10 Other (specify) _____                                                                                                                                                                                                                                                                                                                         |                                                                                    |                                 |                             |                                                   |                          |
| SCREEN-PERFORATED INTERVALS: From <b>14</b> ft. to <b>5</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                     |                                                                                    |                                 |                             |                                                   |                          |
| GRAVEL PACK INTERVALS: From <b>14</b> ft. to <b>4</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                           |                                                                                    |                                 |                             |                                                   |                          |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                         |                                                                                    |                                 |                             |                                                   |                          |
| [6] GROUT MATERIAL: <b>2.5</b> Neat cement <b>.03</b> Cement grout <b>X</b> 2 Bentonite <b>4</b> 3 Other <b>2.5</b>                                                                                                                                                                                                                                             |                                                                                    |                                 |                             |                                                   |                          |
| Grout Intervals: 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                                                                                                                                                                                                                                                                      |                                                                                    |                                 |                             |                                                   |                          |
| <b>NW</b> Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    16 Other (specify below)                                                                                                                                                                                                                                            |                                                                                    |                                 |                             |                                                   |                          |
| Insecticide storage <b>39</b>                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                 |                             |                                                   |                          |
| Direction from well? NW How many feet?                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                 |                             |                                                   |                          |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    | LITHOLOGIC LOG                  | FROM                        | TO                                                | PLUGGING INTERVALS       |
| 0                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | CONCRETE                        |                             |                                                   |                          |
| 8"                                                                                                                                                                                                                                                                                                                                                              |                                                                                    | BRN SILTY CLAY                  |                             |                                                   |                          |
| 3                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | BRN SILTY PLASTIC CLAY          |                             |                                                   |                          |
| 9                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | BRN TO TAN MOIST CLAY           |                             |                                                   |                          |
| 13                                                                                                                                                                                                                                                                                                                                                              |                                                                                    | LIMESTONE                       |                             |                                                   |                          |
| [7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ( <b>1</b> ) constructed, ( <b>2</b> ) reconstructed, or ( <b>3</b> ) plugged under my jurisdiction and was completed on (mo/day/year) <b>2-3-98</b> and this record is true to the best of my knowledge and belief. Kansas                                                                  |                                                                                    |                                 |                             |                                                   |                          |
| Water Well Contractor's License No. <b>575</b> This Water Well Record was completed on (mo/day/year) <b>2-16-98</b>                                                                                                                                                                                                                                             |                                                                                    |                                 |                             |                                                   |                          |
| under the business name of KURTZ ENVIRONMENTAL SERVICE by (signature) [Signature]                                                                                                                                                                                                                                                                               |                                                                                    |                                 |                             |                                                   |                          |
| 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. |                                                                                    |                                 |                             |                                                   |                          |