

1) LOCATION OF WATER WELL: County: Johnson		Fraction SW NW SE	Section Number 30	Township Number T 13 S	Range Number R 24 E				
Distance and direction from nearest town or city street address of well if located within city? 400 North Rogers Road, Olathe, KS									
2) WATER WELL OWNER: AlliedSignal		MW-1	Board of Agriculture, Division of Water Resources						
RR#, St. Address, Box #: 400 North Rogers Road									
City, State, ZIP Code : Olathe, KS 66062		Application Number:							
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL . . . 8 . . . ft.							
N S W E <table border="1" style="margin:auto; width:100px; height:100px; text-align:center; font-size: small;"><tr><td>NW</td><td>NE</td></tr><tr><td>X SW</td><td>SE</td></tr></table>		NW	NE	X SW	SE	Depth(s) Groundwater Encountered 4.78 ft. WELL'S STATIC WATER LEVEL 4.78 ft. below land surface measured on mo/day/yr 3/22/96 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 8 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 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_____			
		NW	NE						
		X SW	SE						
		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 _____ Blank casing diameter 1 in. to 4 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 0.0 in., weight 0.70 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) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 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 SCREEN-PERFORATED INTERVALS: From 8 ft. to 4 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 8 ft. to 3 ft., From _____ ft. to _____ ft.							
		6) GROUT MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other _____ Grout intervals: From 3 ft. to 1 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 Other (specify below) ④ Industrial Direction from well? east How many feet? 50							
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 6 SILTY CLAY, FIRM-STIFF									
6 8 SHALE, SANDY, STIFF DAMP									
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) 3/21/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 602 This Water Well Record was completed on (mo/day/yr) 4/10/96 under the business name of Hydro-LOGIC, Inc. 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.									