

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Johnson</u>		SW ¼ SW ¼ SE ¼		13		T 13 S		R 24 E X	
Distance and direction from nearest town or city street address of well if located within city? <u>15500W. 117th Olathe, Ks.</u>									
2 WATER WELL OWNER: <u>Bulger Service Center</u>									
RR#, St. Address, Box # : <u>15500 W. 117th st</u>						Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <u>Olathe, Ks 66062</u>						Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>35.9'</u> ft. ELEVATION: _____ ft.							
1 Mile		Depth(s) Groundwater Encountered 1. <u>Dry</u> 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 <u>6</u> in. to <u>35.9</u> 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	
		2 Irrigation		4 Industrial		7 Lawn and garden only		10 Monitoring well	
		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 iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
				7 Fiberglass				Threaded <u>X</u>	
Blank casing diameter <u>2</u> in. to <u>20</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <u>1.70</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>SCH 40 PVC</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC		10 Asbestos-cement	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)		11 Other (specify) _____	
						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			
				7 Torch cut		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>20</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft.									
From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>35</u> ft., From _____ ft. to _____ ft.									
From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 <u>Bentonite</u> 4 Other _____									
Grout Intervals: From <u>0</u> ft. to <u>17</u> ft., From <u>17</u> ft. to <u>20</u> ft., From <u>35</u> ft. to <u>35.9</u> 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 <u>Fuel storage</u>		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? <u>NE</u>						How many feet? <u>10'</u>			
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0		0.7		concrete 4" sand 6"					
0.7		2.5		lean clay, silty, graybrown, mottled, firm, dry					
2.5		8.0		fat clay, red brown, mottled firm, slightly blocky					
8.0		10.3		limestone, weathered, yellow gray hard, fine, crystalline trace of moisture.					
10.3		19.3		shale, highly weather, clayey, olive gray, hard, fine crystalline trace of moisture.					
19.3		35.9		Limestone, gray, slightly weathered hard, fine crystalline, shale stringer at 23.5ft					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>7-19-90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>416</u> This Water Well Record was completed on (mo/day/yr) <u>10-8-90</u> under the business name of <u>TERRACON</u> by (signature) <u>[Signature]</u>									
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									