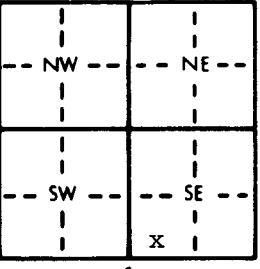


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|------------------------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Fraction</b>                                                                    |  | <b>Section Number</b>                                                                                                                   |  | <b>Township Number</b>                            |  | <b>Range Number</b>                      |  |
| County: <u>Johnson</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | SW ¼ SW ¼ SE ¼                                                                     |  | 17                                                                                                                                      |  | T 13 S                                            |  | R 24 E/WK                                |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>15500 W. 117th Olathe, Ks</u>                                                                                                                                                                                                                                                                                                                                      |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| <b>2 WATER WELL OWNER:</b> <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:                               |  |                                          |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>4 DEPTH OF COMPLETED WELL:</b> <u>15.2</u> ft. <b>ELEVATION:</b> .....          |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| <div style="text-align: center;">N<br/>1 Mile<br/>W E<br/>S</div>                                                                                                                                                                                                                                                                                                                       |  | Depth(s) Groundwater Encountered 1. <u>14.65</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>15.2</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                                      |  | 12 Other (Specify below)                 |  |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 4 Industrial                                                                       |  | 7 Lawn and garden only                                                                                                                  |  | 10 <u>Monitoring well</u>                         |  |                                          |  |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 3 RMP (SR)                                                                         |  | 6 Asbestos-Cement                                                                                                                       |  | 9 Other (specify below)                           |  | CASING JOINTS: Glued ..... Clamped ..... |  |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 4 ABS                                                                              |  | 7 Fiberglass                                                                                                                            |  |                                                   |  | Welded .....                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  | Threaded. <u>X</u>                       |  |
| Blank casing diameter .. <u>2</u> in. to <u>3.0</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| Casing height above land surface. .... <u>45</u> in., weight ..... lbs./ft. Wall thickness or gauge No. .... <u>SCH. 40</u> PVC                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| 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)                 |  |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| 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) .....                          |  |                                          |  |
| <b>SCREEN-PERFORATED INTERVALS:</b> From ..... <u>3</u> ft. to <u>15</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| <b>GRAVEL PACK INTERVALS:</b> From ..... <u>2</u> ft. to <u>15.2</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 <u>Cement grout</u> 3 <u>Bentonite</u> 4 Other .....                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| Grout Intervals: From ..... <u>0</u> ft. to ..... <u>1</u> ft., From ..... <u>1</u> ft. to ..... <u>2</u> 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 <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>SW</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                    |  |                                                                                                                                         |  | How many feet? <u>75'</u>                         |  |                                          |  |
| <b>FROM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>TO</b>                                                                          |  | <b>LITHOLOGIC LOG</b>                                                                                                                   |  | <b>FROM</b>                                       |  | <b>TO</b>                                |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 5.0                                                                                |  | Topsoil, dark gray, slight organic odors with roots and root cast                                                                       |  |                                                   |  |                                          |  |
| 5.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 11.5                                                                               |  | lean clay, silty, red brown, mottled, firm, dry with trace limonite nodules lean clay becoming tan gray brown at 6.0ft                  |  |                                                   |  |                                          |  |
| 11.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 12.1                                                                               |  | limestone, highly weathered, red brown, with trace limestone gravel, very moist (south bend mbr)                                        |  |                                                   |  |                                          |  |
| 12.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 15.2                                                                               |  | shale, highly weathered, olive gray, shale becoming gray, more competent, laminated, at 12.0 ft. limestone becoming competent at 14.6ft |  |                                                   |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-20-90</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> |  |                                                                                    |  |                                                                                                                                         |  |                                                   |  |                                          |  |