

1 LOCATION OF WATER WELL: 046		Fraction <u>NE 1/4 NW 1/4 NW 1/4</u>		Section Number <u>31</u>		Township Number <u>T 13 S</u>		Range Number <u>R 24 E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>Toxaco/2aida 1301 Santa Fe, Olathe, KS.</u>									
2 WATER WELL OWNER: <u>Underground Environmental Services</u>						Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>3864 W. 75th St</u>						Application Number:			
City, State, ZIP Code: <u>Prairie Village, KS 66204</u>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>10.4'</u> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1. <u>9.99</u> ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>9.99</u> 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 _____ in. to _____ 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	
		12 Other (Specify below)							
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 <u>X</u> No									
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 _____	
Blank casing diameter <u>4</u> in. to <u>10.4'</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface _____ in., weight _____ 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) _____	
								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>5</u> ft. to <u>10.4</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>2</u> ft. to <u>10.4</u> 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 <u>1</u> ft. to <u>2</u> 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		16 Other (specify below)	
Direction from well? <u>E</u>						How many feet? <u>50</u>			
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0"		10"		BLACK topsoil					
10"		3.5'		LEAN, BROWN clay					
3.5'		8'		STIFF, BROWN, fat clay					
8'		10'		fat, gray clay					
10'		11.4'		Red, Brown fat clay/limestone					
				avg. 10' interval					
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) <u>5-29-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>522</u> This Water Well Record was completed on (mo/day/yr) <u>7-8-91</u> under the business name of <u>Petrovic Drilling</u> by (signature) <u>[Signature]</u>									
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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									