

☐ Original Record ☒ Correction ☐ Change in Well Use

Well ID

MW 14

1 LOCATION OF WATER WELL: County: Johnson		Fraction 1/4 SW 1/4 SW 1/4 SE 1/4		Section Number 30		Township Number T 13 S		Range Number R 24 E W																
2 WELL OWNER: Last Name: _____ First: _____ Business: Atlantic Richfield Company Address: 150 W. Warrenville Road Address: _____ City: Naperville State: IL ZIP: 60563				Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☐ 1904 E. Santa Fe; Olathe, KS																				
3 LOCATE WELL WITH "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: 17.5 ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: 16 ft. ☐ below land surface, measured on (mo-day-yr) _____ ☐ above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 8.5 in. to 15 ft. and _____ in. to _____ ft.		5 Latitude: 38.88438 (decimal degrees) Longitude: -94.78508 (decimal degrees) Horizontal Datum: ☒ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude: ☒ GPS (unit make/model: Garmin etrek) (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: _____																				
7 WELL WATER TO BE USED AS: 1. Domestic: ☐ Household ☐ Lawn & Garden ☐ Livestock 2. ☐ Irrigation 3. ☐ Feedlot 4. ☐ Industrial 5. ☐ Public Water Supply: well ID _____ 6. ☐ Dewatering: how many wells? _____ 7. ☐ Aquifer Recharge: well ID _____ 8. ☒ Monitoring: well ID MW-14 9. Environmental Remediation: well ID _____ ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection 10. ☐ Oil Field Water Supply: lease _____ 11. Test Hole: well ID _____ ☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores? _____ a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify): _____		6 Elevation: 1035 ft. ☒ Ground Level ☐ TOC Source: ☐ Land Survey ☒ GPS ☐ Topographic Map ☐ Other _____																						
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: _____ Water well disinfected? ☐ Yes ☒ No																								
8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____ CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded Casing diameter 2 in. to 5.5 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface -6 in. Weight _____ lbs./ft. Wall thickness or gauge No. sch 40 TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify) _____ ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: ☐ Continuous Slot ☒ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) _____ ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) SCREEN-PERFORATED INTERVALS: From 5.5 ft. to 17.5 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 4 ft. to 17.5 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																								
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____ Grout Intervals: From 2 ft. to 4 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. Nearest source of possible contamination: ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) unknown Direction from well? unknown Distance from well? unknown ft.																								
10 FROM TO LITHOLOGIC LOG <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">0</td> <td style="width:10%;">1</td> <td style="width:80%;">Concrete-gravel base</td> </tr> <tr> <td>1</td> <td>17.5</td> <td>silty clay</td> </tr> </table>		0	1	Concrete-gravel base	1	17.5	silty clay	FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																
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Notes: 		11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710 This Water Well Record was completed on (mo-day-year) _____ under the business name of Below Ground Surface, Inc. Signature _____ Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015																						

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