

| 1 LOCATION OF WATER WELL:<br>County: <b>Johnson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Fraction<br><b>SE 1/4 NW 1/4 NE 1/4</b>           | Section Number<br><b>30</b>                 | Township Number<br><b>13 S</b> | Range Number<br><b>25 E</b> |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
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| Distance and direction from nearest town or city street address of well if located within city?<br><b>129th &amp; Foster Overland Park</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |                                             |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 2 WATER WELL OWNER: <b>Dean Developmont</b><br>RR#, St. Address, Box #: <b>7201 west 129th</b><br>City, State, ZIP Code : <b>overland Park, KS 66203</b><br>Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                             |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>N<br><table border="1" style="width:100%; height: 100px; text-align: center; border-collapse: collapse;"><tr><td></td><td>N W</td><td>N E</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td><b>X</b></td><td>E</td></tr><tr><td></td><td>S W</td><td>S E</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td>S</td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                             | N W                            | N E                         |               |               |                    |                          |                         | W                      |                       | <b>X</b>              | E                        |                 | S W                    | S E         |                 |            |                         |  |             |                   | S                    |  |  | 4 DEPTH OF WELL..... <b>18</b> .....ft.<br>WELL'S STATIC WATER LEVEL... <b>6</b> .....ft.<br><br>WELL WAS USED AS:<br><table style="width:100%;"><tr><td><input checked="" type="checkbox"/> 1 Domestic</td><td><input type="checkbox"/> 5 Public Water Supply</td><td><input type="checkbox"/> 9 Dewatering</td></tr><tr><td><input type="checkbox"/> 2 Irrigation</td><td><input type="checkbox"/> 6 Oil Field Water Supply</td><td><input type="checkbox"/> 10 Monitoring Well</td></tr><tr><td><input type="checkbox"/> 3 Feedlot</td><td><input type="checkbox"/> 7 Lawn and Garden Only</td><td><input type="checkbox"/> 11 Injection Well</td></tr><tr><td><input type="checkbox"/> 4 Industrial</td><td><input type="checkbox"/> 8 Air Conditioning</td><td><input type="checkbox"/> 12 Other.....</td></tr></table><br>Was a chemical/bacteriological sample submitted to Department? Yes....No....<br>If yes, mo/day/yr sample was submitted.....<br><br>Water Well Disinfected: Yes <b>X</b> No..... |  |  | <input checked="" type="checkbox"/> 1 Domestic | <input type="checkbox"/> 5 Public Water Supply | <input type="checkbox"/> 9 Dewatering | <input type="checkbox"/> 2 Irrigation | <input type="checkbox"/> 6 Oil Field Water Supply | <input type="checkbox"/> 10 Monitoring Well | <input type="checkbox"/> 3 Feedlot | <input type="checkbox"/> 7 Lawn and Garden Only | <input type="checkbox"/> 11 Injection Well | <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 8 Air Conditioning | <input type="checkbox"/> 12 Other..... |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N W                                               | N E                                         |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
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| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   | <b>X</b>                                    | E                              |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S W                                               | S E                                         |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
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| <input checked="" type="checkbox"/> 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> 5 Public Water Supply    | <input type="checkbox"/> 9 Dewatering       |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| <input type="checkbox"/> 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 6 Oil Field Water Supply | <input type="checkbox"/> 10 Monitoring Well |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| <input type="checkbox"/> 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> 7 Lawn and Garden Only   | <input type="checkbox"/> 11 Injection Well  |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| <input type="checkbox"/> 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 8 Air Conditioning       | <input type="checkbox"/> 12 Other.....      |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 5 TYPE OF BLANK CASING USED:<br><table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td><b>BRICK</b></td></tr></table><br>Blank casing diameter..... <b>36</b> ....in. Was casing pulled? Yes..... No..... If yes, how much.....<br>Casing height above or below land surface.....in.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                                             |                                |                             | 1 Steel       | 3 RMP (SR)    | 5 Wrought          | 7 Fiberglass             | 9 Other (specify below) | 2 PVC                  | 4 ABS                 | 6 Asbestos-Cement     | 8 Concrete Tile          | <b>BRICK</b>    |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3 RMP (SR)                                        | 5 Wrought                                   | 7 Fiberglass                   | 9 Other (specify below)     |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 ABS                                             | 6 Asbestos-Cement                           | 8 Concrete Tile                | <b>BRICK</b>                |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other.....<br>Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to .....ft., From..... to.....ft.<br>What is the nearest source of possible contamination:<br><table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td><b>Dry Stream bed</b></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table><br>Direction from well? .... <b>South North</b> How many feet? .... <b>51</b> |                                                   |                                             |                                |                             | 1 Septic tank | 6 Seepage pit | 11 Fuel storage    | 16 Other (specify below) | 2 Sewer lines           | 7 Pit privy            | 12 Fertilizer storage | <b>Dry Stream bed</b> | 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage |             | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well |  | 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6 Seepage pit                                     | 11 Fuel storage                             | 16 Other (specify below)       |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7 Pit privy                                       | 12 Fertilizer storage                       | <b>Dry Stream bed</b>          |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8 Sewage lagoon                                   | 13 Insecticide storage                      |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 4 Lateral lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9 Feedyard                                        | 14 Abandoned water well                     |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 5 Cess Pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10 Livestock pens                                 | 15 Oil well/Gas well                        |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:10%;">FROM</th><th style="width:10%;">TO</th><th style="width:80%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td><b>7</b></td><td><b>5</b></td><td><b>Bentonite chips</b></td></tr><tr><td><b>18</b></td><td><b>7</b></td><td><b>Sand</b></td></tr><tr><td><b>5</b></td><td><b>0</b></td><td><b>clay</b></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></tbody></table>                                                                                                                                                                                                                                                                                                   |                                                   |                                             |                                |                             | FROM          | TO            | PLUGGING MATERIALS | <b>7</b>                 | <b>5</b>                | <b>Bentonite chips</b> | <b>18</b>             | <b>7</b>              | <b>Sand</b>              | <b>5</b>        | <b>0</b>               | <b>clay</b> |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TO                                                | PLUGGING MATERIALS                          |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>5</b>                                          | <b>Bentonite chips</b>                      |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| <b>18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>7</b>                                          | <b>Sand</b>                                 |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>0</b>                                          | <b>clay</b>                                 |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).. <b>12-18-97</b> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>240</b> ..... This Water Well Record was completed on (mo/day/year).. <b>1-18-98</b> ... under the business name of <b>R.E. Young Drilling</b><br>by (signature) .. <b>R.E. Young</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                             |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |
| 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                             |                                |                             |               |               |                    |                          |                         |                        |                       |                       |                          |                 |                        |             |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                |                                                |                                       |                                       |                                                   |                                             |                                    |                                                 |                                            |                                       |                                             |                                        |