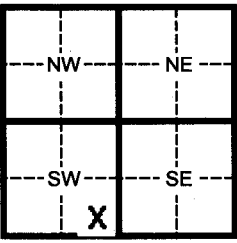


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: Johnson		SE ¼ SE ¼ SW ¼	24		T 14 S	R 22 BW
Distance and direction from nearest town or city street address of well if located within city? 432 E. Main Street, Gardner, Kansas						
2 WATER WELL OWNER: M & M Oil Company, Inc.						
RR#, St. Address, Box # : P.O. Box 171 Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : Lawrence, Kansas 66044 Application Number:						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 14.0 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 12.5 ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL Dry ft. below land surface measured on mo/day/yr 12/30/04				
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Bore Hole Diameter 8.5 in. to 14.0 ft. and _____ in. to _____ ft.				
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well				
		1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)				
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____				
		Water Well Disinfected? Yes _____ No X				
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 X						
Blank casing diameter 2.375 in. to 4.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement						
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____						
9 ABS 12 None used (open hole) _____						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)						
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes						
7 Torch cut 10 Other (specify) _____						
SCREEN-PERFORATED INTERVALS: From 14.0 ft. to 4.0 ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 14.0 ft. to 2.5 ft. From _____ ft. to _____ 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 0.0 ft. to 1.0 ft. From 1.0 ft. to 2.5 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) _____						
13 Insecticide storage _____						
Direction from well? South How many feet? 40						
LITHOLOGIC LOG						
FROM	TO	CODE				
0.0	0.5		Topsoil			
0.5	10.5		Dark brown-red brown very silty clay, iron oxide stained, laminated, firm, moist			
10.5	14.0		Dark brown-red brown very silty clay, interbedded red siltstone layers, iron oxide			
14.0			Shale, laminated, hard			
Flush-mount well completion approved by Don Taylor, KDHE, BOW.						
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/yr) 12/27/04 and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 07/04/05						
under the business name of Quad State Services, Inc. by (signature) _____						
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						

OFFICE USE ONLY

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