

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Johnson</u>		<u>SE 1/4 NE 1/4 NE 1/4</u>		<u>3</u>		<u>T 14 S</u>		<u>R 23 EW</u>	
Distance and direction from nearest town or city street address of well if located within city?									
<u>1001 West Old 56 Hwy. Olathe, KS 66061</u>									
2 WATER WELL OWNER: <u>Cresticon</u>									
RR#, St. Address, Box # : <u>1001 West Old 56 Hwy.</u>									
City, State, ZIP Code : <u>Olathe, KS 66061</u>									
Board of Agriculture, Division of Water Resources									
Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>17.85</u> ft. ELEVATION: <u>(65) 1057.14 ft. above NGVD</u>							
		Depth(s) Groundwater Encountered 1. <u>16.74</u> ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>4.86</u> ft. below land surface measured on mo/day/yr <u>10/06/97</u>							
		Pump test data: Well water was <u>N/A</u> ft. after _____ hours pumping _____ gpm							
		Est. Yield <u>N/A</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <u>8</u> in. to <u>17.9</u> ft. and _____ in. to _____ ft.							
WELL WATER TO BE USED AS:									
5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden only <u>10</u> Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes _____ No <u>X</u>									
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 <u>X</u>									
Blank casing diameter <u>2</u> in. to <u>12.65</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <u>-1.48</u> in. weight <u>N/A</u> lbs./ft. Wall thickness or gauge No. <u>SCH 40</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass <u>10</u> 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 <u>12.65</u> ft. to <u>17.15</u> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>10.0</u> ft. to <u>17.9</u> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL:									
1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____									
Grout Intervals: From <u>2.0</u> ft. to <u>10.0</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 <u>16</u> Other (specify below)									
13 Insecticide storage <u>Monitoring well</u>									
Direction from well? <u>ENE</u> How many feet? <u>186</u>									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
<u>0</u> <u>1.5</u> <u>Silty clay w/roots, dark gray</u>									
<u>1.5</u> <u>5</u> <u>Silty clay, brownish gray</u>									
<u>5</u> <u>15.5</u> <u>Silty clay, light brown</u>									
<u>15.5</u> <u>17.9</u> <u>Shale, light brown, extremely weathered</u>									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>9/16/97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>10/16/97</u> under the business name of <u>Layne Christensen Company</u> by (signature) <u>[Signature]</u> <u>Nate Baldwin</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									