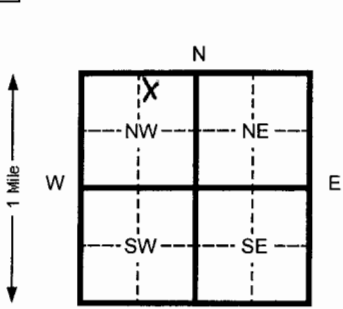


1 LOCATION OF WATER WELL: County: **Miami** Fraction: **NW 1/4 NE 1/4 NW 1/4** Section Number: **14** Township Number: **T 18 S** Range Number: **R 22 E**

Distance and direction from nearest town or city street address of well if located within city?  
**1306 S. 6<sup>th</sup> Street, Osawatomie**

2 WATER WELL OWNER: **Pemco #664 (former Quality Oil) c/o KDHE Time and Materials**  
 RR#, St. Address, Box #: **1000 SW Jackson #410** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Topeka, Ks 66612-1367** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **20.5** ft. ELEVATION:  
 Depth(s) Groundwater Encountered: **11.5** ft. **16** ft. 2 ft. 3 ft. Ft.  
 WELL'S STATIC WATER LEVEL: **10.19** ft. below land surface measured on **08/10/05**  
 Pump test data: Well water was \_\_\_\_\_ Ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ Gpm  
 Est. Yield \_\_\_\_\_ Gpm; Well water was \_\_\_\_\_ Ft. after \_\_\_\_\_ Hours pumping \_\_\_\_\_ Gpm  
 Bore Hole Diameter: **8.25"** In. to **20.5** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ Ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic 3 Feed lot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 7 Lawn and garden (domestic) 10 **Monitoring well** **MW-1**  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** 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** in. to **10.5** Ft., Dia To \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: **FLUSH** In., weight: **SCH 40** Lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 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 10 Other (specify) \_\_\_\_\_  
 7 Torch cut

SCREEN-PERFORATED INTERVALS: From **10.5** ft. to **20.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 SAND PACK INTERVALS: From **8.5** ft. to **20.5** 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 3 **6.5** ft. to **8.5** Ft. From 2 **0** Ft. to **6.5** 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)**  
**Contaminated Site**

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

| FROM | TO   | CODE | LITHOLOGIC LOG                 | FROM | TO | PLUGGING INTERVALS |
|------|------|------|--------------------------------|------|----|--------------------|
| 0    | 1.5  |      | Fill, soil                     |      |    |                    |
| 1.5  | 20.5 |      | Clay (CL), dark brown to brown |      |    |                    |
| 20.5 | TD   |      | End of Borehole                |      |    |                    |
|      |      |      |                                |      |    |                    |
|      |      |      |                                |      |    |                    |
|      |      |      |                                |      |    |                    |
|      |      |      |                                |      |    |                    |
|      |      |      |                                |      |    |                    |
|      |      |      |                                |      |    |                    |
|      |      |      |                                |      |    |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w  
 Completed on (mo/day/yr) **08/10/05** And this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **09/01/05**  
 under the business name of **Associated Environmental, Inc.** By (signature) **Bradley Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

OFFICE USE ONLY

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