

|                           |                             |                |                 |                      |
|---------------------------|-----------------------------|----------------|-----------------|----------------------|
| 1 LOCATION OF WATER WELL: | Fraction                    | Section Number | Township Number | Range Number         |
| County: <u>SEDGWICH</u>   | <u>SE 1/4 SE 1/4 SE 1/4</u> | <u>11</u>      | T <u>27</u> S   | R <u>1</u> <u>EW</u> |

Distance and direction from nearest town or city street address of well if located within city?

13th & OLIVER WICHITAMW-4

|                                                          |                                                   |
|----------------------------------------------------------|---------------------------------------------------|
| 2 WATER WELL OWNER:                                      | Board of Agriculture, Division of Water Resources |
| RR#, St. Address, Box # : <u>P.O. Box 26045</u>          | Application Number:                               |
| City, State, ZIP Code : <u>SHAWNEE MISSION, KS 66225</u> |                                                   |

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL: <u>20</u> ft. ELEVATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                      | Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.<br>WELL'S STATIC WATER LEVEL <u>19.5</u> ft. below land surface measured on mo/day/yr <u>6-29-90</u><br>Pump test data: Well water was .... ft. after .... hours pumping .... gpm<br>Est. Yield .... gpm: Well water was .... ft. after .... hours pumping .... gpm<br>Bore Hole Diameter .... in. to .... ft., and .... in. to .... ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> ..... If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes ..... No <u>X</u> ..... |

|                                                                                                                   |                                     |                           |                                          |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------|------------------------------------------|
| 5 TYPE OF BLANK CASING USED:                                                                                      | 5 Wrought iron                      | 8 Concrete tile           | CASING JOINTS: Glued ..... Clamped ..... |
| 1 Steel                                                                                                           | 3 RMP (SR)                          | 6 Asbestos-Cement         | 9 Other (specify below)                  |
| 2 PVC                                                                                                             | 4 ABS                               | 7 Fiberglass              | 10 Asbestos-cement                       |
| Blank casing diameter <u>4</u> in. to .... ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.              |                                     |                           | 11 Other (specify) .....                 |
| Casing height above land surface <u>2 (FLUSH)</u> in., weight .... lbs./ft. Wall thickness or gauge No. <u>40</u> |                                     |                           | 12 None used (open hole)                 |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                           | 5 Fiberglass                        | 8 RMP (SR)                | 11 Other (specify) .....                 |
| 1 Steel                                                                                                           | 3 Stainless steel                   | 6 Concrete tile           | 9 ABS                                    |
| 2 Brass                                                                                                           | 4 Galvanized steel                  | 5 Gauzed wrapped          | 8 Saw cut                                |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                               | 1 Continuous slot                   | 3 Mill slot               | 6 Wire wrapped                           |
| 2 Louvered shutter                                                                                                | 4 Key punched                       | 7 Torch cut               | 10 Other (specify) .....                 |
| SCREEN-PERFORATED INTERVALS:                                                                                      | From <u>20</u> ft. to <u>10</u> ft. | From .... ft. to .... ft. | From .... ft. to .... ft.                |
| GRAVEL PACK INTERVALS:                                                                                            | From <u>20</u> ft. to <u>8</u> ft.  | From .... ft. to .... ft. | From .... ft. to .... ft.                |

|                                                       |                                     |                           |                           |                           |
|-------------------------------------------------------|-------------------------------------|---------------------------|---------------------------|---------------------------|
| 6 GROUT MATERIAL:                                     | 1 Neat cement                       | 6 Cement grout            | 3 Bentonite               | 4 Other                   |
| Grout Intervals: 3 From <u>8</u> ft. to <u>6</u> ft.  | 2 From <u>6</u> ft. to <u>0</u> ft. | From .... ft. to .... 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         |
| 2 Sewer lines                                         | 5 Cess pool                         | 8 Sewage lagoon           | 11 Fuel storage           | 14 Abandoned water well   |
| 3 Watertight sewer lines                              | 6 Seepage pit                       | 9 Feedyard                | 12 Fertilizer storage     | 15 Oil well/Gas well      |
|                                                       |                                     |                           | 13 Insecticide storage    | 16 Other (specify below)  |

|                               |    |                |                    |
|-------------------------------|----|----------------|--------------------|
| Direction from well?          |    | How many feet? |                    |
| FROM                          | TO | LITHOLOGIC LOG | PLUGGING INTERVALS |
| 0                             | 7  | SILTY CLAY     |                    |
| 7                             | 10 | SANDY CLAY     |                    |
| 10                            | 20 | SILTY CLAY     |                    |
| Casing & Grout Variance Grant |    |                |                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 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/year) <u>12/8/90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>517</u> This Water Well Record was completed on (mo/day/yr) <u>1-10-91</u> under the business name of <u>GROUNDWATER TECHNOLOGY</u> by (signature) <u>Albert Stout</u> |
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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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.