

1 LOCATION OF WATER WELL: County: <u>Saline</u>		Fraction: <u>NE 1/4 SW 1/4 SW 1/4</u>		Section Number: <u>33</u>		Township Number: <u>T 14 S</u>		Range Number: <u>R 3</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>Well #03M43 at former Schilling AFB, Salina KS</u>									
2 WATER WELL OWNER: <u>USACE % Burns & McDonnell</u>									
RR#, St. Address, Box #: <u>9400 Ward Parkway</u>									
City, State, ZIP Code: <u>Kansas City MO 64114</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>21.4</u> ft. ELEVATION:						
			Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.						
			WELL'S STATIC WATER LEVEL <u>13</u> ft. below land surface measured on mo/day/yr <u>1/6/97</u>						
			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: <u>8</u> in. to <u>24</u> in. to _____ in. to _____ in.						
			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>(No)</u>						
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
<u>2</u> 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>11</u> in. Dia _____ in. to _____ in. Dia _____ in. to _____ in.									
Casing height above land surface <u>30</u> in. weight _____ 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>7</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 <u>3</u> 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>11</u> ft. to <u>21</u> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>8</u> ft. to <u>24</u> ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement <u>2</u> Cement grout <u>3</u> Bentonite 4 Other									
Grout Intervals: From <u>8</u> ft. to <u>5</u> ft. From <u>5</u> ft. to <u>3</u> 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)									
<u>Former AFB</u>									
Direction from well? _____ How many feet? _____									
LITHOLOGIC LOG									
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS			
0	4	Dk brn silty clay							
4	8	Yell brn silty clay							
8	12	Yell brn sandy silty clay							
12	18	Yell brn silty clay w/ sand gravel							
18	24	Gray brown highly weath. shale							
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>10/28/96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>570</u> This Water Well Record was completed on (mo/day/yr) <u>1/22/97</u> under the business name of <u>AQUADRILL, INC.</u> by (signature) <u>Jeff Jordan</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.									