

1 LOCATION OF WATER WELL: County: <u>Saline</u>		Fraction <u>SE 1/4 NE 1/4 NW 1/4</u>		Section Number <u>34</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 #99MO6 at former Schilling AFB, Salina KS</u>									
2 WATER WELL OWNER: <u>USACE 90 Burns &amp; McDonnell</u>					Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box #: <u>9400 Ward Pkwy</u>					Application Number:				
City, State, ZIP Code: <u>Kansas City MO 64114</u>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					4 DEPTH OF COMPLETED WELL: <u>23.3</u> ft. ELEVATION:				
					Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.				
					WELL'S STATIC WATER LEVEL <u>7.6</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>24.5</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 10 Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____ If yes, mo/day/yr sample was sub-					mitted				
5 TYPE OF BLANK CASING USED:					CASING JOINTS: Glued _____ Clamped _____				
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile					Welded _____				
2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below)					Threaded <u>X</u>				
Blank casing diameter <u>2</u> in. to <u>12.9</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <u>0</u> * in. weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch 40</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:					7 <u>PVC</u> 10 Asbestos-cement				
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:					5 Gauzed wrapped 8 Saw cut 11 None (open hole)				
1 Continuous slot 3 <u>Mill slot</u> 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <u>12.9</u> ft. to <u>22.9</u> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>24.5</u> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other									
Grout Intervals: From <u>10</u> ft. to <u>7</u> ft. From <u>7</u> ft. to <u>3</u> ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:					10 Livestock pens 14 Abandoned water well				
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)					<u>Former AFB</u>				
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage									
Direction from well?					How many feet?				
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
<u>0</u> <u>24.5</u> <u>Silty clays, shale</u>									
* Flush mount well cover variance granted by KOHE letter dated 10/2/96									
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>12/3/96</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>1/23/97</u> under the business name of <u>AQUADRILL, INC.</u> by (signature) <u>Jeff Jurgin</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 two 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.									