

1 LOCATION OF WATER WELL: County: <u>Saline</u>		Fraction <u>SE ¼ NW ¼ NE ¼</u>	Section Number <u>34</u>	Township Number T <u>14</u> S	Range Number R <u>3</u> N
Distance and direction from nearest town or city street address of well if located within city? <u>Well #99M13 at former Schilling AFB, Salina KS</u>					
2 WATER WELL OWNER: <u>USACE 90 Burns & McDonnell</u> RR#, St. Address, Box #: <u>9400 Ward Pkwy</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>30</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr			
		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>B</u> in. to <u>30</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 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
② PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
Blank casing diameter <u>2</u> in. to <u>20</u> ft., Dia		7 Fiberglass	Threaded... <u>X</u>		
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:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
SCREEN OR PERFORATION OPENINGS ARE:		12 None used (open hole)			
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	
SCREEN-PERFORATED INTERVALS:		7 Torch cut	10 Other (specify)		
From <u>20</u> ft. to <u>30</u> ft., From					
From					
GRAVEL PACK INTERVALS:					
From <u>18</u> ft. to <u>30</u> ft., From					
From					
6 GROUT MATERIAL: 1 Neat cement ② Cement grout ③ Bentonite 4 Other					
Grout Intervals: From <u>18</u> ft. to <u>15</u> ft., From <u>15</u> ft. to <u>3</u> ft., From					
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	⑩ Other (specify below)
				13 Insecticide storage	<u>Former AFB</u>
Direction from well?				How many feet?	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	26	Brn silty clay			
26	28	Sand and gravel			
28	30	Shale			
* Flush mount well cover variance granted by KDHE 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>11/20/96</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>[Signature]</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.					