

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number	
County: Saline		NW NE NW	23		T 14 S	R 3 E/W	
Distance and direction from nearest town or city street address of well if located within city?							

2 WATER WELL OWNER: **Sunset Plaza Realty Partners, Inc.**
RR#, St. Address, Box # : **PO Box 34729**
City, State, ZIP Code : **Kansas City, MO**
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 **35** 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 **8** in. to **35** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feed lot	6 Oil field water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)	9 Dewatering	12 Other (Specify below)

10 Monitoring well

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 **4** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **0** in., weight **2.071** lbs./ft. Wall thickness or gauge No. **.237**

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:

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	
		7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From **20** ft. to **35** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **18** ft. to **35** 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
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Grout Intervals From **0** ft. to **18** 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 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		Asphalt			
1	15		Lean Clay, Light Brown			
15	21		Lean Clay, Reddish Brown			
21	27		Lean Clay, Light Brown			
27	35		Lean Clay w/ Sand			

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/yr) **10-20-05** and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **12-20-05**
under the business name of **Woofter Pump & Well, Inc** by (signature) _____

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S.W. Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-236-5545. Send logs to WATER WELL OWNER and retain one for your records.