

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Saline		NW ¼ NE ¼ NW ¼		23		T 14 S		R 3W 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 64116									
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 39.68 ft. ELEVATION:									
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.									
WELL'S STATIC WATER LEVEL 35.32 ft. below land surface measured on mo/day/yr 10-18-06									
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 39.68 ft. and _____ in. to _____ ft.									
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 2 in. to 24.68 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface 0 in., weight .716 lbs./ft. Wall thickness or gauge No. 154									
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) _____									
12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 3 Mill slot 9 Drilled holes									
4 Key punched 7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From 24.68 ft. to 39.68 ft. From _____ ft. to _____ ft.									
From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 22.68 ft. to 39.68 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 _____									
Grout Intervals From 0 ft. to 1 ft. From 1 ft. to 22.68 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)									
13 Insecticide storage Contaminated Site									
Direction from well? _____ How many feet? _____									
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 20 Brown Silty Lean Clay									
20 30 Reddish Brown Silty Lean Clay									
30 40 Brown Silty Lean Clay with									
Fine 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) 10-18-06 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) 11-8-06									
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 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									