

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Saline</u>	<u>SW 1/4 SW 1/4 NW 1/4</u>	<u>24</u>	T <u>15</u> S	R <u>5</u> EW

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: <u>MAFB/SAWR</u>	#74
RR#, St. Address, Box # :	Board of Agriculture, Division of Water Resources
City, State, ZIP Code :	Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>18'</u> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <u>Dry 199'</u> ft. below land surface measured on mo/day/yr <u>9-12-92</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 .... in. to .... 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>X</u>

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued ..... Clamped .....
1 Steel	3 RMP (SR)	9 Other (specify below)	Welded .....
2 PVC	4 ABS	7 Fiberglass	Threaded .....
Blank casing diameter <u>40</u> in. to .... ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.			
Casing height above land surface <u>60</u> in., weight .... lbs./ft. Wall thickness or gauge No. ....			
TYPE OF SCREEN OR PERFORATION MATERIAL:	Hand Dig	7 PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	8 RMP (SR)	11 Other (specify) <u>NA</u>
2 Brass	4 Galvanized steel	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	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	7 Torch cut	10 Other (specify) <u>NA</u>	
SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From .... ft. to .... ft.			
GRAVEL PACK INTERVALS: From .... ft. to .... ft., From .... ft. to .... ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
Grout Intervals: From <u>5.5</u> ft. to <u>6</u> ft., From .... ft. to .... 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)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	<u>NONE</u>
Direction from well?	How many feet?			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			0	5.5	Compacted Soil
			5.5	6	Cement
			6	18	Rock Sides & Compacted Soil

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>9-12-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) <u>10-15-92</u> under the business name of <u>Hopper Construction Co Inc.</u> by (signature) <u>[Signature]</u>
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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.