

1) LOCATION OF WATER WELL: County: <u>Saline</u>		Fraction: <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number: <u>4</u>	Township Number: <u>16 S</u>	Range Number: <u>5 E</u>
Distance and direction from nearest town or city street address of well if located within city?					
2) WATER WELL OWNER: <u>MAFB SHWR</u> #49					
RR#, St. Address, Box # : City, State, ZIP Code :			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>31</u> ft. ELEVATION: _____ ft.			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>22</u> ft. below land surface measured on mo/day/yr <u>8/19/92</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: 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____			
5) TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR)		5 Wrought iron		8 Concrete tile	
2 PVC 4 ABS		6 Asbestos-Cement		9 Other (specify below)	
Blank casing diameter <u>4 1/2</u> in. to _____ ft., Dia _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass <u>Hand dug Rock</u>		CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface <u>60</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____				Welded _____ Threaded _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel		5 Fiberglass		7 PVC	
2 Brass 4 Galvanized steel		6 Concrete tile		8 RMP (SR)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot 3 Mill slot		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter 4 Key punched		7 Torch cut		10 Other (specify) <u>NA / Rock</u>	
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.		8 None used (open hole)		11 None (open hole)	
GRAVEL PACK INTERVALS: From <u>N/A</u> ft. to <u>N/A</u> ft., From <u>N/A</u> ft. to <u>N/A</u> ft.				10 Other (specify) <u>NA / Rock</u>	
6) GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>S.S.</u> ft. to <u>6</u> 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	
2 Sewer lines 5 Cess pool		8 Sewage lagoon		11 Fuel storage	
3 Watertight sewer lines 6 Seepage pit		9 Feedyard		12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) <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	22	Rock sides & Compacted soil
			22	31	Chlorinated Sand Fill
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>8/19/92</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>9/15/92</u> under the business name of <u>Hoyer Construction Co 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.					