

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																																																				
County: McPherson		NW ¼ NE ¼ SW ¼	20	T 19 S	R 3 E/W																																																																																				
Distance and direction from nearest town or city street address of well if located within city? 1330 N. 91 Bypass, McPherson																																																																																									
2 WATER WELL OWNER: Aero Transportation Products, Inc.																																																																																									
RR#, St. Address, Box # : 1330 N. 81 Bypass		Board of Agriculture, Division of Water Resources																																																																																							
City, State, ZIP Code : McPherson, KS 67460		Application Number:																																																																																							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;">N NW NE SW SE S W E</div>		4 DEPTH OF COMPLETED WELL 101.5 ft. ELEVATION: 1496.72 ft. Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL . . . 96.6 . . . ft. below land surface measured on mo/day/yr . . . 11/13/2013 . . . Pump test data: Well water was . . . NA . . . ft. after . . . hours pumping . . . gpm Est. Yield . . NA . . gpm: Well water was . . . ft. after . . . hours pumping . . . gpm Bore Hole Diameter . . . 8 . . in. to . . . 102 . . . 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✓ ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No ✓																																																																																							
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 . . . 2 . . . in. to . . . 91.5 . . . ft. Dia . . . in. to . . . ft. Dia . . . in. to . . . ft. Casing height above land surface . . . 29.16 . . . in., weight . . . lbs./ft. Wall thickness or gauge No. . . Sch. 40 . . . TYPE OF SCREEN OR PERFORATION MATERIAL 7 PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) . . . 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) 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 . . . 91.5 . . . ft. to . . . 101.5 . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft. GRAVEL PACK INTERVALS: From . . . 86 . . . ft. to . . . 102 . . . 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 Concrete . . . Grout Intervals: From . . . 0 . . . ft. to . . . 1.6 . . . ft. From . . . 1.6 . . . ft. to . . . 80 . . . 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) Direction from well? How many feet?																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>3</td><td>Silt w/clay, V. Dark Brown</td><td></td><td></td><td></td></tr><tr><td>3</td><td>7</td><td>Clay w/silt, Dark Yellowish Brown</td><td></td><td></td><td></td></tr><tr><td>7</td><td>17</td><td>Silt, some clay, Yellowish Brown</td><td></td><td></td><td></td></tr><tr><td>17</td><td>34</td><td>Silt, some clay, tr. caliche, Yellowish Brown</td><td></td><td></td><td></td></tr><tr><td>34</td><td>58</td><td>Silt, some clay, tr. f sand caliche, Strong Brow</td><td></td><td></td><td></td></tr><tr><td>58</td><td>76</td><td>Silt, some f sand, tr. clay, Brown</td><td></td><td></td><td></td></tr><tr><td>76</td><td>102</td><td>Sand, f-m, some silt, Brown</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>IW3S , Abovegrade</td></tr></tbody></table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	3	Silt w/clay, V. Dark Brown				3	7	Clay w/silt, Dark Yellowish Brown				7	17	Silt, some clay, Yellowish Brown				17	34	Silt, some clay, tr. caliche, Yellowish Brown				34	58	Silt, some clay, tr. f sand caliche, Strong Brow				58	76	Silt, some f sand, tr. clay, Brown				76	102	Sand, f-m, some silt, Brown																																							IW3S , Abovegrade
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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) . . . 11/11/2013 . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . 527 . . . This Water Well Record was completed on (mo/day/yr) . . . 12/9/2013 . . . under the business name of GeoCore, Inc. by (signature)																																																																																									
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.																																																																																									