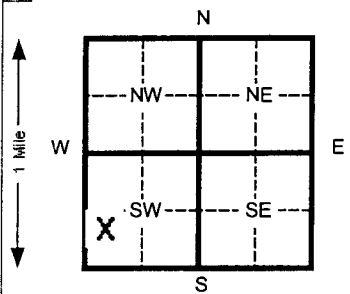


1 LOCATION OF WATER WELL: County: Saline	Fraction NW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 36	Township Number T 13 S	Range Number R 3 E/W
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Distance and direction from nearest town or city street address of well if located within city?
1944 N. 9th Street, Salina

2 WATER WELL OWNER: **Bosselman Companies**
RR#, St. Address, Box # : **PO Box 1567**
City, State, ZIP Code : **Grand Island, NE 68802-1567**
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: **1225.23 TOC**
Depth(s) Groundwater Encountered 1 **28** ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **30.16** ft. below land surface measured on **1-21-03**
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 **8.5** in. to **36.5** 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** **Flush**
Blank casing diameter **2** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **Flush** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **Sch. 40**
TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless steel 5 Fiberglass **7 PVC** 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
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 **20** ft. to **35** ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **17** ft. to **36.5** 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** ft. From **1** ft. to **17** 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
Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		Asphalt			
1	1.5		Loam, dark brown			
1.5	8		Clay, dark brown, mottled gray			
8	10		Silty Clay, med. brown			
10	18		Clay, red brown			
18	27		Clayey Silt, red brown			
27	28		Clay, med. brown			
28	36.5		Silty Clay, med. brown			

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) **1-30-03** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **2-13-03** under the business name of **Geotechnical Services, Inc.** by (signature) *[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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.