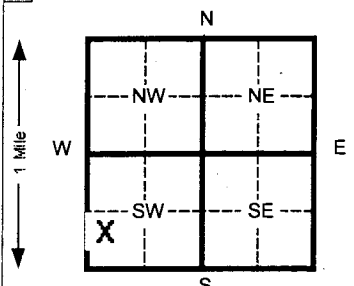


1 LOCATION OF WATER WELL: County: Saline	Fraction: NW ¼ SW ¼ SW ¼	Section Number: 36	Township Number: T 13 S	Range Number: R 3 E/W
--	---------------------------------	---------------------------	--------------------------------	--

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: **40** ft. ELEVATION: **1224.99 TOC**

Depth(s) Groundwater Encountered: 1 **30 - 31** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL: **29.49** ft. below land surface measured on **mo/day/yr** **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 **40** 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
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below)

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)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded _____
				Threaded _____ Flush _____

Blank casing diameter: **2** in. to **25** 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	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	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 **25** ft. to **40** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **22** ft. to **40** 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 **22** 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	FROM	TO	PLUGGING INTERVALS
0	0.5				Asphalt
0.5	3				Clay, gray brown
3	9				Clay, med. brown to gray
9	15				Silty Clay, dark brown
15	23				Clayey Silt, red brown
23	29				Clay, red brown to gray green
29	31				Clayey Silt, red brown
31	40				Clayey Silt, red 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.