

1 LOCATION OF WATER WELL:	Fraction NW ¼ SW ¼ SW ¼	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** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Grand Island, NE 68802-1567** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 40 ft. ELEVATION: 1225.81 TOC
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Depth(s) Groundwater Encountered 1 **30** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **30.59** 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 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 _____

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	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 **25** ft. to **40** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **21** 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 **21** 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	2		Loam, dark brown			
2	10		Clay, med. to red brown			
10	11.5		Clay, v. dark brown			
11.5	14		Clayey Silt, med. brown			
14	15		Clay, gray-green, mottled			
15	29		Clayey Silt, med. brown			
29	30		Clay, dark brown			
30	40		Clayey Silt, med. to 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) _____

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.