

1 LOCATION OF WATER WELL: County: <b>Saline</b>	Fraction <b>NW ¼ SW ¼ SW ¼</b>	Section Number <b>36</b>	Township Number <b>T 13 S</b>	Range Number <b>R 3</b>	(EW)
--	--------------------------------	--------------------------	-------------------------------	-------------------------	------

Distance and direction from nearest town or city street address of well if located within city?  
**1944 N. 9<sup>th</sup> 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:

1 Mile  
N  
W  
E  
S

4 DEPTH OF COMPLETED WELL **40** ft. ELEVATION: **1226.01 TOC**

Depth(s) Groundwater Encountered 1 **30 - 31** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **30.61** 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
<b>2 PVC</b>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded	
		7 Fiberglass		<b>Threaded</b>	<b>Flush</b>

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	<b>3 Mill slot</b>	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 **21.5** ft. to **40** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL:

1 Neat cement	2 Cement grout	<b>3 Bentonite</b>	<b>4 Other Concrete</b>
---------------	----------------	--------------------	-------------------------

Grout intervals From **0** ft. to **1** ft. From **1** ft. to **21.5** 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		<b>Asphalt</b>			
1	1.5		<b>Loam, med. brown</b>			
1.5	5		<b>Clay, dark gray-brown</b>			
5	17		<b>Silty Clay, dark gray-green</b>			
17	22		<b>Clayey Silt, gray-brown</b>			
22	25		<b>Clayey Silt, brown</b>			
25	27		<b>Sand</b>			
27	31		<b>Silty Clay, red brown, lenses of silt and clay</b>			
31	40		<b>Clayey Silt, gray-brown</b>			

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.