

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

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:

4 DEPTH OF COMPLETED WELL: **35** ft. ELEVATION: **1222.23 TOC**  
 Depth(s) Groundwater Encountered 1 **28 - 30** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL: **27.41** 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 **35** 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) \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_  
 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 **35** 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	7		Clay, dark gray to med. brown			
7	14		Silty Clay, dark gray to med. brown			
14	15		Clayey Silt, gray-green to med. brown			
15	25		Silty Clay, gray-green			
25	27		Sand, med. brown			
27	30		Clayey Silt, med. brown			
30	31.5		Sand, red brown			
31.5	35		Clayey silty, gray-green			

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.

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