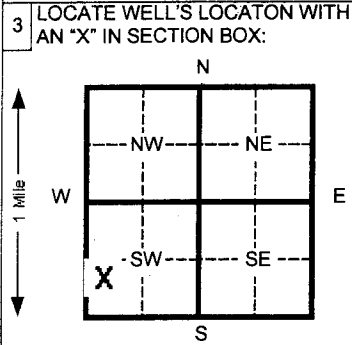


1 LOCATION OF WATER WELL: Fraction **NW 1/4 SW 1/4 SW 1/4** Section Number **36** Township Number **T 13 S** Range Number **R 3 E/W**
 County: **Saline**
 Distance and direction from nearest town or city street address of well if located within city?
1944 N. 9th Street, Salina

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:



4 DEPTH OF COMPLETED WELL **40** ft. ELEVATION: **1223.02 TOC**
 Depth(s) Groundwater Encountered 1 **30** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **28.05** 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) **Welded**
2 PVC 4 ABS 7 Fiberglass **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: **7 PVC** 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot **3 Mill slot** 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 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	6		Clay, med. gray			
6	14		Clay, dark gray-green			
14	22		Clay, dark gray			
22	26		Silty Clay, light brown to gray-green			
26	30		Clayey Silt, med. brown			
30	40		Clayey Silt, med. brown, silt lenses			

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) **2-19-03** 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.

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