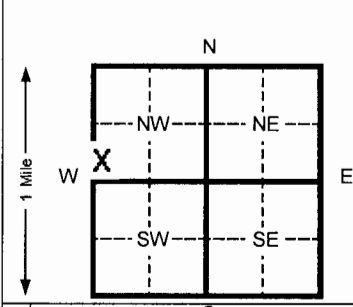


| | | | | |
|--|-----------------------------------|-----------------------------|----------------------------------|------------------------------|
| 1 LOCATION OF WATER WELL: County: Saline | Fraction SW ¼ SW ¼ NW ¼ | Section Number 36 | Township Number T 13 S | Range Number R 3 W |
|--|-----------------------------------|-----------------------------|--------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

Distance and direction from nearest town or city street address of well if located within city?
Located at 2230 N. 9th St. Salina, KS

2 | WATER WELL OWNER: **Triplett Inc.**
 RR#, St. Address, Box # : **3601 Vine St.**
 City, State, ZIP Code : **Hays, KS. 25232**
 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 **30** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 11.5 **20.00** ft. 2 _____ ft. 3 _____ Ft.
 WELL'S STATIC WATER LEVEL **26.10** ft. below land surface measured on mo/day/yr **1/28/2010**
 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 **8.625** In. to **30** 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** **MW-3**
 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** **X**

Blank casing diameter **2** in. to **20** Ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **FLUSH** in., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. _____

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 **30** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ Ft.
 SAND PACK INTERVALS: From **19** ft. to **30** ft. From _____ ft. to _____ Ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ Ft.

6 | GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 Other _____
 Grout Intervals From 3 **.5** ft. to **17** Ft. From 3 **17** Ft. to **19** 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)**
Contaminated Site
 Direction from well? _____ How many feet? _____

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|------|----------------------------------|------|----|--------------------|
| 0 | .5 | | Concrete | | | |
| .5 | 1 | | Dark brown silty clay | | | |
| 1 | 2.5 | | Reddish brown medium sand | | | |
| 2.5 | 3 | | Large gravel | | | |
| 3 | 5 | | Dark brown silty clay | | | |
| 5 | 10 | | Grayish brown silty clay | | | |
| 10 | 15 | | Grayish brown silty clay | | | |
| 15 | 30 | | Grayish brown silty clay | | | |
| 30 | TD | | END BOREHOLE | | | |

CORRECTED

7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w
 Completed on (mo/day/yr) **1/28/2010** And this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **3/3/2010**
 under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

Bradley J. Johnson

OFFICE USE ONLY

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