

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	SW ¼ SW ¼ NW ¼	36	T 13 S	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.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Hays, KS. 25232** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL	ELEVATION:		
	Depth(s) Groundwater Encountered	11.5	22.00 ft. 2 _____ ft. 3 _____ Ft.	
	WELL'S STATIC WATER LEVEL	21.96 ft. below land surface measured on mo/day/yr	1/27/2010	
	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	
	2 Irrigation	4 Industrial	7 Lawn and garden (domestic)	
		10 Monitoring well	MW-5	
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.

SAND PACK INTERVALS: From **19** ft. to **30** 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** 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)
			13 Insecticide storage	Contaminated Site

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		Concrete			
.5	1.5		Dark brown silty clay			
1.5	5		Medium brown silty clay			
5	10		Grayish brown silty clay			
10	15		Grayish brown silty clay			
15	20		Grayish brown silty clay			
20	24		Grayish brown silty clay			
24	30		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) **1/27/2010** 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

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