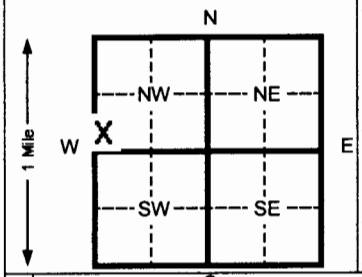
WATER WELL RECORD Form WWC-5 KSA 82a-1212

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?
2230A North 9th Street, Salina, KS

2 WATER WELL OWNER: **Triplett, Inc.**
RR#, St. Address, Box # : **2230 North 9th Street**
City, State, ZIP Code : **Salina, KS 67401**
Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **30** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **11.5** ft. 2 **18.5** ft. 3 ft.
WELL'S STATIC WATER LEVEL **21.95** ft. below land surface measured on mo/day/yr **10/25/10**
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: 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 **Monitoring well** 11 Injection well 12 Other (Specify below) **MW-9**
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**

OFFICE USE ONLY

5 TYPE OF BLANK CASING USED: 1 Steel 2 **PVC** 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued Clamped Welded **Threaded X**
Blank casing diameter **2** in. to **15** 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 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 **PVC** 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 **Mill slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
SCREEN-PERFORATED INTERVALS: From **15** ft. to **30** ft. From ft. to ft.
From ft. to ft. From ft. to ft.
SAND PACK INTERVALS: From **13** ft. to **30** ft. From ft. to ft.
From ft. to ft. From ft. to ft.

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6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout** 3 **Bentonite** 4 Other
Grout Intervals From2 **0** ft. to **1** Ft. From3 **1** ft. to **13** Ft. From ft. to ft.
What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 **Other (specify below)** **Contaminated Site**
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1.5		Silty Clay with trace organic material			
1.5	5		Silty Clay with trace small gravel			
5	8		Silty Clay with trace gravel			
8	10		Silty Clay, high plasticity			
10	30		Silty Clay, light brown			
30	TD		End of Borehole			

SEC

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) **10/25/10** 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) **11/16/10**
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.