

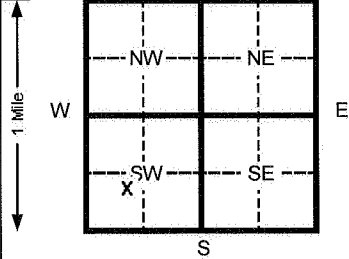
Revised

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Saline</b>	<b>NE 1/4 SW 1/4 SW 1/4</b>	<b>36</b>	T <b>13</b> S	R <b>3</b> W

Distance and direction from nearest town or city street address of well if located within city?  
**1944 N. 9<sup>th</sup> St. - Salina**

2 WATER WELL OWNER: **Bosselman Travel Centers, Inc.**  
 RR#, St. Address, Box # : **3123 W. Stolley Park Rd., Ste. A**  
 City, State, ZIP Code : **Grand Island, NE 68801**  
 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: **1218.51 (TOC)**  
 Depth(s) Groundwater Encountered 1 **26.02** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **26.05** ft. below TOC measured on mo/day/yr  
 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 **8.25** 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 _____
<b>2 PVC</b>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		<b>Flush</b>

Blank casing diameter **2** in. to **20** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **0** 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:  
 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.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other \_\_\_\_\_  
 Grout Intervals From **1** ft. to **17** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ 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	2.5		No Recovery			
2.5	7.5		Silty Clay, dark brown			
7.5	10		Clayey Silt, brown			
10	12.5		No Recovery			
12.5	15		Clayey Silt, brown			
15	17.5		No Recovery			
17.5	25		Silty Clay, brown, some fine sand			
25	30		Clayey Silt and fine Sand, fine grained, brown			
30	35		Lithology not recorded			
						Survey date: 07/31/13
						Latitude: N 38.87411
						Longitude: W 97.60995

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) **07/15/13** 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) **08/16/13** under the business name of **GSI Engineering, LLC** 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.

December 4, 2014

Revisions

Mr. Richard Harper  
KDHE-BOW-Geology Section  
1000 SW Jackson St., Ste. 420  
Topeka KS 66612-1321

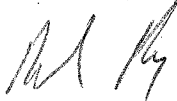
Re: Revised WWC-5 forms for Bosselman Truck Plaza; Salina, Kansas

Dear Mr. Harper:

Enclosed are six revised WWC-5 forms for the referenced project. The upper gravel pack interval has been corrected on each form. These should replace the original forms submitted to KDHE in August 2013.

If you have any questions, please call me at 316-554-0725.

Respectfully Submitted,



Doug Roy, P.G.  
Senior Geologist

DR/sw  
Enclosures (6)

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