

Reused

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

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

2 WATER WELL OWNER: **Bosselman Travel Centers, Inc.**
 RR#, St. Address, Box #: **3123 W. Stolley Park Rd., Ste. A** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Grand Island, NE 68801** Application Number:

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

4 DEPTH OF COMPLETED WELL: **33** ft. ELEVATION: **1216.44 (TOC)**
 Depth(s) Groundwater Encountered 1 **24.18** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **24.11** 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 **33** 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)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded _____
				Threaded Flush

Blank casing diameter **2** in. to **18** 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** 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **18** ft. to **33** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **14.8** ft. to **33** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____
 Grout Intervals From **1** ft. to **14.8** 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 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____
 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	5		Silty Clay, dark brown			
5	13.5		Clayey Silt, brown			
13.5	17.5		Silty Sand, brown fine grained			
17.5	22		Clayey Silt, brown			
22	22.5		Sand, fine grained, brown			
22.5	30		Silty Sand, dark gray to brown			
30	33		Lithology not recorded			
						Survey date: 07/31/13
						Latitude: N 38.87416
						Longitude: W 97.60949

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) *[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

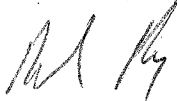
Re: Revised WWC-5 forms for Bosselman Truck Plaza; Salina, Kansas

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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