

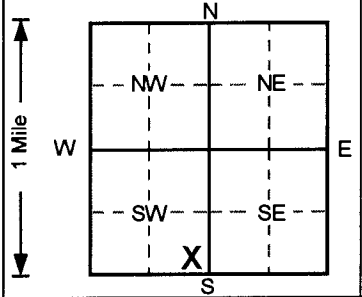
1 LOCATION OF WATER WELL: County: Saline	Fraction SE ¼ SE ¼ SW ¼	Section Number 9	Township Number T 14 S	Range Number R 2 EW
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Distance and direction from nearest town or city street address of well if located within city?

3260 East Country Club Road

2 WATER WELL OWNER: Morrison Enterprises RR#, St. Address, Box # : 1700 E. Iron City, State, ZIP Code : Salina, Kansas 67401	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **50** ft. ELEVATION:

Depth(s) Groundwater Encountered 1. **19** ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr

Pump test data: Well water was **NA** ft. after hours pumping gpm

Est. Yield **NA** gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter **8** in. to **50** ft., and in. to ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only **10** Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes.....No; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No

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. <input checked="" type="checkbox"/>

Blank casing diameter **2** in. to **20** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface **24** in., weight lbs./ft. Wall thickness or gauge No. **Sch. 40**

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 **50** ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **18** ft. to **50** ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement **2** Cement grout **3** Bentonite 4 Other

Grout Intervals: From **0** ft. to **10** ft., From **16** ft. to **18** 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 Unknown

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Clay, Dark Gray			
2	8	Clay, Tan to Light Gray			
8	11	Clay, Dark Gray			
11	14	Silt, Tan			
14	19	Clay, Gray to Brown			
19	26	Clay, Tan to Gray			
26	30	Sand, Tan			
30	32	Clay, Light Gray			
32	37	Sand, Tan			
37	39	Clay, Tan			
39	48	Sand and Gravel, Tan			
48	50	Clay, Gray			
					MW14, Above Ground
					Project Name: Hopkins Scouler Elevator
					GeoCore # 226, KDHE #

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/year) **7/17/95** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **7/21/95** under the business name of **GeoCore Services, Inc.** by (signature) *Dale Bell*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top 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.

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