

**KSA 82a-1212**

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: Saline	SW 1/4 SE 1/4 SW 1/4	12	T	14 S	R 3 W

**Distance and direction from nearest town or city street address of well if located within city?**  
Approximately 225 ft. south of the SE corner of the intersection of 5th Street and Ash Street, Salina, Kansas.

<b>2 WATER WELL OWNER:</b> Brown Welding Supply, LLC		<b>Board of Agriculture, Division of Water Resources Application Number: NA</b>
RR#, St. Address, Box #: 200 S. Santa Fe, Suite 4		
City, State, ZIP Code : Salina, KS 67401		

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX</b>  	<b>4 DEPTH OF COMPLETED WELL</b> ... 40..... ft. <b>ELEVATION</b> ..... Depth(s) Groundwater Encountered 1..34.5..... ft. 2..... ft. 3..... ft. <b>WELL'S STATIC WATER LEVEL</b> ... 34.5.... ft. below land surface measured on mo/day/yr... 10/12/05.. 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.....3.25.....in. to.....40..... ft., and..... in. to..... ft. <b>WELL WATER TO BE USED AS:</b> 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 <u>(10)</u> 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.....
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<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel         3 RMP (SR) <u>(2)</u> PVC          4 ABS Blank casing diameter.....1... in. to ...30... ft., Dia..... in. to..... ft., Dia..... in. to..... ft. Casing height above land surface.....0..... in., weight..... lbs./ft., Wall thickness or gauge No... SCH 80..... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 1 Steel         3 Stainless steel         5 Fiberglass 2 Brass         4 Galvanized steel         Concrete tile <b>SCREEN OR PERFORATION OPENINGS ARE:</b> 1 Continuous slot <u>(3)</u> Mill slot         6 Wire wrapped 2 Louvered shutter         4 Key punched         7 Torch cut <b>SCREEN PERFORATED INTERVALS:</b>  From.....30.....ft. to .....40..... ft., From.....ft. to .....ft. From.....ft. to .....ft., From.....ft. to .....ft. From.....28.....ft. to .....40..... ft., From.....ft. to .....ft. From.....ft. to .....ft., From.....ft. to .....ft. <b>GRAVEL PACK INTERVALS:</b>	8 Concrete tile         CASING JOINTS: Glued...Clamped..... 9 Other (specify below)         Welded..... Threaded.....X..... <u>(7)</u> PVC                         10 Asbestos-cement 8 RMP (SR)                 11 Other (specify) 9 ABS                         12 None used (open hole) 8 Saw cut                     11 None (open hole) 9 Drilled holes 10 Other (specify) How many feet? FROM         TO         LITHOLOGIC LOG         FROM         TO         PLUGGING INTERVALS 0         4 silty clay 4         5.5 sand 5.5         6.5 clay 6.5         12 sand 12         13 clay 13         15 sand 15         19 clay 19         40 sand and gravel BWS-4
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<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>(3)</u> Bentonite 4 Other .....	
Grout Intervals: From.....1.....ft. to.....28..... 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	

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year).....2/23/09..... and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No.....709..... This Water Well Record was completed on (mo/day/yr).....3/10/09.....	under the business name of: Plains Environmental Services, Inc. by (signature) <i>[Signature]</i>
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: 785-298-5545.	
Send one to WATER WELL OWNER and retain one for your records.	