

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	NE 1/4 NW 1/4 SW 1/4	19	T 15 S	R 3 E/W

Distance and direction from nearest town or city street address of well if located within city?

1 mile SW of Smolan, KS

2 WATER WELL OWNER: Morrison Ventures	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: 1700 East Iron	Application Number:
City, State, ZIP Code: Salina, KS 67401	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX	4 DEPTH OF COMPLETED WELL.....35..... ft. ELEVATION.....
	Depth(s) Groundwater Encountered 1..... 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.....ft. after..... hours pumping..... gpm Est. Yield:..... gpm: Well water was.....ft. after..... hours pumping..... gpm Bore Hole Diameter.....3.5.....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 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...X.. If yes, mo/day/yr sample was submitted..... Water well disinfected? Yes..... No...X...

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued....Clamped.....
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	Welded.....
			Threaded.....X.....

Blank casing diameter.....1... 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:	7 PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass
2 Brass	4 Galvanized steel	8 RMP (SR)
		11 Other (specify)
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauze wrapped	8 Saw cut
1 Continuous slot	3 Mill slot	9 Drilled holes
2 Louvered shutter	4 Key punched	10 Other (specify)
		11 None (open hole)

SCREEN PERFORATED INTERVALS:	From.....20.....ft. to.....35..... ft., From.....ft. to.....ft.
	From.....ft. to.....ft., From.....ft. to.....ft.
GRAVEL PACK INTERVALS:	From.....19.....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.....0.....ft. to.....19..... ft., From.....ft. To.....ft., From.....ft. to..... ft.				
What is the nearest source of possible contamination:	10 Livestock pens	14 Abandoned water well		
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	
Direction from well?		How many feet?		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Clay			
3	5	Silt			
5	12	Clay			
12	14.5	Silt			
14.5	15	Sand			
15	19.5	Clay			
19.5	24.5	Silt			
24.5	29.5	Sand			
29.5	30	Clay			
30	31	Sand			
31	35	Clay			
					MW-20

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).....9/7/07..... 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).....10/1/07.....
under the business name of Plains Environmental Services, Inc. by (signature) <i>Mandy Roader for Jesse Kaldy</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: 913-296-5545.

Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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