

KSA 82a-1212

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

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
RR#, St. Address, Box # : 1700 East Iron
City, State, ZIP Code : Salina, KS 67401

Board of Agriculture, Division of Water Resources
Application Number:

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

		N		
- NW -	- NE -			
W		X		E
- SW -	- SE -			
		S		

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:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	8 Concrete tile	CASING JOINTS: Glued....Clamped.....
② PVC	4 ABS	7 Fiberglass	9 Other (specify below)	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:

1 Steel	3 Stainless steel	5 Fiberglass	⑦ PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	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 Gauze 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. to35..... ft., From.....ft. toft.
 From.....ft. toft., From.....ft. toft.
 From.....19.....ft. to35..... ft., From.....ft. toft.
 From.....ft. toft., From.....ft. toft.

GRAVEL PACK INTERVALS:

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:

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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Silt			
1	17.5	Clay			
17.5	18	Silt			
18	27	Clay			
27	32	Sand, silt			
32	34	Sand			
34	35	Clay			
					MW-10

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).....9/11/07..... 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) *[Signature]*

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.