

<b>1 LOCATION OF WATER WELL:</b> County: Saline	Fraction SE 1/4    SW 1/4    NW 1/4	Section Number 19	Township Number T 15    S	Range Number R 3 <b>E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
 1 mile SW of Smolan, KS

<b>2 WATER WELL OWNER:</b> 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:
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<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF COMPLETED WELL</b> .....51..... ft. <b>ELEVATION</b> ..... 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.....34..... 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 <b>10 Monitoring well</b> ..... 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....
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<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel    3 RMP (SR)    6 Asbestos-Cement <b>2 PVC</b> 4 ABS    7 Fiberglass	8 Concrete tile    CASING JOINTS: Glued....Clamped..... 9 Other (specify below)    Welded..... Threaded.....X.....
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Blank casing diameter.....1 in. to .....36 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    8 RMP (SR)    11 Other (specify)  
 2 Brass    4 Galvanized steel    Concrete tile    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.....36.....ft. to .....51..... ft., From.....ft. to .....ft.  
 From.....ft. to .....ft., From.....ft. to .....ft.  
 From.....35.....ft. to .....51..... ft., From.....ft. to .....ft.  
 From.....ft. to .....ft., From.....ft. to .....ft.

**GRAVEL PACK INTERVALS:**

<b>6 GROUT MATERIAL:</b> 1 Neat cement    2 Cement grout <b>3 Bentonite</b> 4 Other ..... Grout Intervals: From.....0.....ft. to .....35..... 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?
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Clay	39.5	43	Clay
3	5	Silt	43	43.5	Gravel
5	12	Clay	43.5	50	Clay
12	14.5	Silt	50	51	Sand
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	35.5	Clay			
35.5	39.5	Sand			

**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).....6/26/08..... 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).....7/9/08.....  
 under the business name of Plains Environmental Services, Inc.    by (signature) *John Kelly*

**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.