

**KSA 82a-1212**

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: Saline		NE 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					
<b>2 WATER WELL OWNER:</b> Morrison Ventures					
RR#, St. Address, Box # :		1700 East Iron		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		Salina, KS 67401		Application Number:	
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX</b>	<b>4 DEPTH OF COMPLETED WELL.....57..... ft. 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.....57..... 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)</b> 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....					
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)		6 Asbestos-Cement	
<b>(2) PVC</b>		4 ABS		7 Fiberglass	
Blank casing diameter.....1... in. to ...42..... ft., Dia..... in. to..... ft., Dia..... in. to..... ft.				CASING JOINTS: Glued...Clamped..... Welded..... Threaded.....X.....	
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	
2 Brass		4 Galvanized steel		Concrete tile	
				<b>(7) PVC</b>	
				10 Asbestos-cement	
				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	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				10 Other (specify)	
SCREEN PERFORATED INTERVALS:					
		From.....42.....ft. to .....57..... ft., From.....ft. to .....			
		From.....ft. to .....ft., From.....ft. to .....			
		From.....41.....ft. to .....57..... ft., From.....ft. to .....			
		From.....ft. to .....ft., From.....ft. to .....			
GRAVEL PACK INTERVALS:					
		From.....ft. to .....ft., From.....ft. to .....			
		From.....ft. to .....ft., From.....ft. to .....			
		From.....ft. to .....ft., From.....ft. to .....			
<b>6 GROUT MATERIAL:</b>					
1 Neat cement		2 Cement grout		<b>(3) Bentonite</b>	
4 Other .....					
Grout Intervals: From.....0.....ft. to.....41..... 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
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	47	Clay			
47	47.5	Gravel			
47.5	57	Clay			
					MW-9d
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year).....6/30/08..... 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) <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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					