

1 LOCATION OF WATER WELL: County: Saline	Fraction NE 1/4 SW 1/4 SW 1/4	Section Number 19	Township Number T 15 S	Range Number 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 <div style="text-align: center;"><table border="1" style="margin: auto; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center;">N</td></tr><tr><td style="text-align: center;">--NW--</td><td style="text-align: center;">--NE--</td></tr><tr><td style="text-align: center;">W</td><td style="text-align: center;">E</td></tr><tr><td style="text-align: center;">--SW--</td><td style="text-align: center;">--SE--</td></tr><tr><td colspan="2" style="text-align: center;">S</td></tr></table><div style="text-align: center; margin-top: 5px;">X</div></div>		N		--NW--	--NE--	W	E	--SW--	--SE--	S		4 DEPTH OF COMPLETED WELL51..... 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.....51..... 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.....		
N														
--NW--	--NE--													
W	E													
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile 2 PVC 4 ABS 7 Fiberglass 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) 10 Asbestos-cement 2 Brass 4 Galvanized steel Concrete tile 9 ABS 11 Other (specify) SCREEN OR PERFORATION OPENINGS ARE: 5 Gauze wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN PERFORATED INTERVALS: From.....36.....ft. to51..... ft., From.....ft. toft. From.....ft. toft., From.....ft. toft. From.....35.....ft. to51..... 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. to19..... 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	1.5 Silt												
	1.5	15.5 Clay												
	15.5	19 Sand												
	19	22 Clay												
	22	23 Sand												
	23	24 Clay												
	24	31 Sand												
	31	32.5 Clay												
	32.5	35.5 Gravel												
	35.5	51 Clay												
					MW-12d									
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).....7/1/08..... 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.														

OFFICE USE ONLY

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