WATER WELL RECORD Form WWC-5 KSA 82a-1212

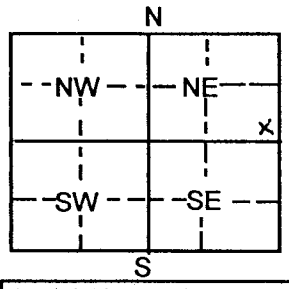
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	SW 1/4 SW 1/4 NE 1/4	19	T 15 S	R 3 E/W

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
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



4 DEPTH OF COMPLETED WELL.....28..... 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.....28..... 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) Welded.....
(2) PVC 4 ABS 7 Fiberglass ..... Threaded.....
Blank casing diameter.....1... in. to ...13.... 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 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: 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.....13.....ft. to .....28..... ft., From.....ft. to .....ft.
From.....ft. to ..... ft., From.....ft. to .....ft.
GRAVEL PACK INTERVALS: From.....12.....ft. to .....28..... 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.....~~14~~ 12 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)
Direction from well? 13 Insecticide storage .....
How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Sand			
1	28	Clay			
					MW-4s

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).....8/8/08..... 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).....8/15/08..... under the business name of Plains Environmental Services, Inc. by (signature) Jim Kaby

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 T R E/W SEC. 1/4 1/4 1/4