

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number		
County: Saline		SW ¼ NW ¼ SE ¼		19		T 15 S		R 3 E		
Distance and direction from nearest town or city street address of well if located within city? 1/2 mi W and 5/8 mi S of Smolan, Kansas										
2 WATER WELL OWNER: Morrison Ventures										
RR#, St. Address, Box # : 1700 E. Iron					Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : Salina, Kansas 67401					Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: 61.5 ft ELEVATION:							
			Depth(s) Groundwater Encountered 1. _____ ft 2. _____ ft 3. _____ ft							
			WELL'S STATIC WATER LEVEL: 12.5 ft below land surface measured on mo/day/yr 8/22/2014							
			Pump test data: Well water was 32 ft after 1.5 hours pumping 12 gpm							
			Est. Yield 15 gpm: Well water was _____ ft after _____ hours pumping _____ gpm							
			Bore Hole Diameter 8.875 in. to 62 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)							
			Remediation							
			2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well							
			Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____							
			Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>							
5 TYPE OF BLANK CASING USED:										
1 Steel			3 RMP (SR)		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
2 PVC			4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
					7 Fiberglass				Threaded <input checked="" type="checkbox"/>	
Blank casing diameter 5 in. to 46.5 ft, Dia _____ in. to _____ ft, Dia _____ in. to _____ ft										
Casing height above land surface 33 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		6 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 Gauzed 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 46.5 ft to 61.5 ft, From _____ ft to _____ ft										
GRAVEL PACK INTERVALS: From 35 ft to 62 ft, From _____ ft to _____ ft										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____										
Grout Intervals: From 3 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)	
Direction from well? NW							13 Insecticide storage			
							How many feet? 1900			
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS										
0 5 Clay, silty, sandy, Brown										
5 18 Clay, silty, plastic, Gray										
18 45 Clay, silty, sandy (vf), Brown										
45 48 Sand and Gravel,										
48 60 Clay, silty, gravel lenses,										
60 62 Gravel, clayey,										
62 62 Clay, Red										
RW-5										
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) 8/21/2014 and this record is true to the best of my knowledge and belief.										
Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 8/27/2014										
under the business name of GeoCore, Inc. by (signature) <i>Dan G. Bell</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.										

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