

KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Saline		SW 1/4 NW 1/4 SE 1/4	24	T 15 S	R 4 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		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		Salina, KS 67401		Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX		4 DEPTH OF COMPLETED WELL.....35..... 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.....35..... 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 <u>(10)</u> 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:					
1 Steel		3 RMP (SR)		6 Asbestos-Cement	
<u>(2)</u> PVC		4 ABS		7 Fiberglass	
Blank casing diameter.....1... in. to ...20..... ft., Dia..... in. to..... ft., Dia..... in. to..... ft.				Casing Joints: Glued.....Clamped.....	
Casing height above land surface.....24..... in., weight..... lbs./ft., Wall thickness or gauge No...SCH 40.....				Welded.....	
TYPE OF SCREEN OR PERFORATION MATERIAL:		<u>(7)</u> PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		Concrete tile	
				8 RMP (SR)	
				9 ABS	
				11 Other (specify)	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauze wrapped		8 Saw cut	
1 Continuous slot		<u>(3)</u> Mill slot		9 Drilled holes	
2 Louvered shutter		4 Key punched		10 Other (specify)	
				11 None (open hole)	
SCREEN PERFORATED INTERVALS:		From.....20.....ft. to35..... ft., From.....ft. to.....ft.		From.....ft. to.....ft., From.....ft. to.....ft.	
GRAVEL PACK INTERVALS:		From.....19.....ft. to35..... ft., From.....ft. to.....ft.		From.....ft. to.....ft., From.....ft. to.....ft.	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		<u>(3)</u> Bentonite	
Grout Intervals: From.....0.....ft. to.....19..... ft., From.....ft. To.....ft., From.....ft. to.....ft.		4 Other			
What is the nearest source of possible contamination:		10 Livestock pens		14 Abandoned water well	
1 Septic tank		4 Lateral lines		11 Fuel storage	
2 Sewer lines		5 Cess pool		12 Fertilizer storage	
3 Watertight sewer lines		6 Seepage pit		13 Insecticide storage	
		7 Pit privy		15 Oil well/Gas well	
		8 Sewage lagoon		16 Other (specify below)	
		9 Feedyard			
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	25	Clay			
25	26	caliche			
26	32	Clay			
32	35	Silt, Clay			
					MW-25s
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year).....6/23/08..... 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)			
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.					