

<b>1 LOCATION OF WATER WELL:</b> County: Saline	Fraction NE 1/4    NE 1/4    SE 1/4	Section Number 24	Township Number T 15 S	Range Number R 34 W										
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 City, State, ZIP Code: Salina, KS 67401 Board of Agriculture, Division of Water Resources Application Number:														
<b>3 LOCATE WELL'S LOCATION WITH</b> AN "X" IN SECTION BOX <div style="text-align: center;"><table border="1" style="margin: auto;"><tr><td colspan="2">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">S</td></tr></table><p style="text-align: center;">X</p></div>		N		--NW--	--NE--	W	E	--SW--	--SE--	S		<b>4 DEPTH OF COMPLETED WELL</b> .....60..... ft. <b>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.....3.25.....in. to.....60..... 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 ...Piezometer... 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													
--SW--	--SE--													
S														
<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile CASING JOINTS: Glued...Clamped... (2)PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded..... Blank casing diameter.....1... in. to ...40... 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.....40.....ft. to .....60..... ft., From.....ft. to .....ft. From.....ft. to .....ft., From.....ft. to .....ft. GRAVEL PACK INTERVALS: From.....20.....ft. to .....60..... ft., From.....ft. to .....ft. From.....ft. to .....ft., From.....ft. to .....ft.														
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout (3)Bentonite 4 Other ..... Grout intervals: From.....1.....ft. to.....20..... 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) BER VOC site Direction from well? How many feet?														
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG									
0	7	Clay, Dark Brown to Brown												
7	20	Clay, v. silty, Red Brown												
20	28	Clay, V. silty, tr. vf sand, Yellow Brown												
28	38	Clay, v. silty, sl. Sandy (vf), tr. Calc. mat., Yellow												
38	40	Sand, vf-c, Yellow Brown to Dark Brown												
40	44	Clay, Yellow Brown												
44	50	Sand, pred. vf w/tr. f-c, silty (tight), Yellow Br												
50	54	Clay, silty, Yellow Brown												
54	59	Sand, vf-c w/f gravel, Yellow Brown to Dark Brown												
59	60	Clay, silty, Brown												
					Piezometer P-4									
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1)constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year).....11/30/10..... 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).....12/6/10..... 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.														

OFFICIAL USE ONLY

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R

E/W

S.E.C.

1/4

1/4

1/4

white