WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ottawa	SW ¼ NW ¼ NW ¼	35	T 12 S	R 3 E/W

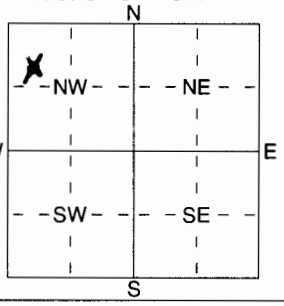
Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Nancy Elliott

RR#, St. Address, Box # : 2018 Glendale Rd.
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 155 ft. ELEVATION:

Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.

WELL'S STATIC WATER LEVEL 80 ft. below land surface measured on mo/day/yr 1/20/03

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield 6-10 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
X Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ; If yes, mo/day/yrs sample was submitted

Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
X 2 PVC 4 ABS 7 Fiberglass Threaded

Blank casing diameter 5 in. to 135 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 12 in., weight 2.37 lbs./ft. Wall thickness or guage No. .214

TYPE OF SCREEN OR PERFORATION MATERIAL: X 7 PVC 10 Asbestos-Cement
1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 11 Other (Specify)
2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot X 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ..... ft.

SCREEN-PERFORATED INTERVALS: From 135 ft. to 155 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 20 ft. to 155 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout X 3 Bentonite 4 Other

Grout Intervals: From 0 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	11	Clay, tan			
11	15	Sandstone			
15	140	Shale, gray			
140	155	Sandstone			
155		Shale, gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 1/21/03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 138 This Water Well Record was completed on (mo/day/yr) 1/29/03 under the business name of Peterson Irrigation, Inc. by (signature) Mike Peterson

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.