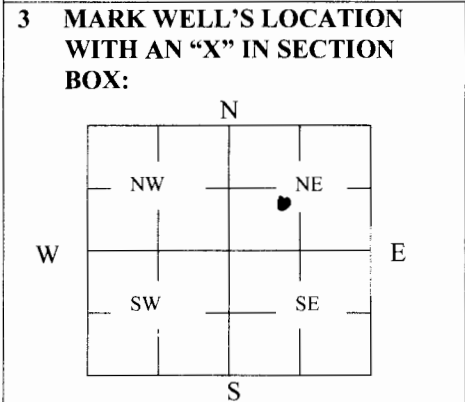


1 LOCATION OF WATER WELL: County: <u>SALINE</u>	Fraction <u>NE 1/4 SW 1/4 NE 1/4</u>	Section Number <u>17</u>	Township Number <u>13</u>	Range Number <u>5</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?

1/4 mile West of Intersection SHILOH RD AND MILLER RD. 3/4 mile North in Pasture

2 WATER WELL OWNER: <u>WBS IRREVOCABLE TRUST</u> RR#, St. Address, Box #: <u>24 WILLOW HILL RD.</u> City, State ZIP Code: <u>ST. LOUIS, MO. 63124</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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4 DEPTH OF WELL 2.5 ft.
WELL'S STATIC WATER LEVEL NA ft.
WELL WAS USED AS:
 1 Domestic LIVESTOCK Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring
 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	

Blank casing diameter 5 in. Was casing pulled? Yes _____ No If yes, how much _____
 Casing height above or below land surface 14 in.

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

Grout Plug Intervals: From 0 ft. to 2.5 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel Storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	<u>OPEN PASTURE NONE APPARENT</u>
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	Direction from well? _____
<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>2.5'</u>	<u>BENTONITE HOLE PLUG</u>			
					<u>OLD TID CASING HAD CAVED IN TO 2.5'</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 09-18-13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388. This Water Well Record was completed on (mo/day/year) 10-2-13 under the business name of PESTINGER PUMP SERVICE by (signature) Paul S. Peshay

INSTRUCTIONS: Use typewriter or ballpoint 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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.