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

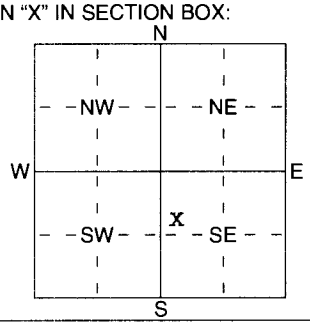
1 LOCATION OF WATER WELL: County: SALINE	Fraction: SW ¼ NW ¼ SE ¼	Section Number: 19	Township Number: T 14 S	Range Number: R 2W E/W

Distance and direction from nearest town or city street address of well if located within city?
1140 REPUBLIC CIRCLE

2 WATER WELL OWNER: CURTIS PARSONS
RR#, St. Address, Box # : 1140 REPUBLIC CIRCLE
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 51 ft. ELEVATION: 1230
Depth(s) Groundwater Encountered 1 22 ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL 22 ft. below land surface measured on mo/day/yr 10-18-02
Pump test data: Well water was 25 ft. after 1 hours pumping 25 gpm
Est. Yield 75+ gpm: Well water was ____ ft. after ____ hours pumping ____ gpm
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply ~~7 Domestic (lawn & garden)~~ 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)

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: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued X Clamped ____ Welded ____ Threaded ____
Blank casing diameter 5 in. to 46 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or guage No. SDR 26

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

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot .025 4 Key punched 5 Guazed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ____ 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 46 ft. to 51 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From 25 ft. to 51 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ____
Grout Intervals: From ~~23~~ 4 ft. to 25 ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.
What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
Direction from well? WEST How many feet? 45

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	FILL DIRT			
4	22	CLAY SILTY BROWN			
22	51	SAND FINE TO MED. TAN			
51		SHALE GRAY			

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) 10-15-02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 388 This Water Well Record was completed on (mo/day/yr) 10-15-02 under the business name of PESTINGER PUMP SERVICE by (signature) [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, 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.