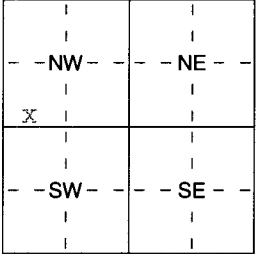


WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL: County: SALINE Fraction: SW 1/4 SW 1/4 NW 1/4 Section Number: 30 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?
2324 SHALIMAR

2 WATER WELL OWNER: STEVEN DAVISON
RR#, St. Address, Box # : 2324 SHALIMAR 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: 50 ft. ELEVATION: 1230
Depth(s) Groundwater Encountered: 17 ft. 2 17 ft. 3 6-03-03 ft.
WELL'S STATIC WATER LEVEL: 17 ft. below land surface measured on 6-03-03 mo/day/yr.
Pump test data: Well water was 20 ft. after 1 hours pumping 25 gpm
Est. Yield: 7.5 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
1 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/yr sample was submitted
Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
7 Fiberglass Threaded _____
Blank casing diameter: 5 in. to 4.5 ft., Dia 1.60 in. to _____ ft., Dia _____ in. to 26 ft.
Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____
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 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot .025 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ ft.
SCREEN-PERFORATED INTERVALS: From 45 ft. to 50 ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 22 ft. to 50 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 0 ft. to 22 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? NORTH How many feet? 22

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	11	CLAY TAN SILTY			
11	50	SAND FINE TO COARSE TAN			
50		SHALE			

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) 6-03-03 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) 6-03-03 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 for 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.