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

1 LOCATION OF WATER WELL: County: SALINE	Fraction NW ¼ SE ¼ SW ¼	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?
1409 LORIANNA CT.

2 WATER WELL OWNER: ROBERT M. FULLER
RR#, St. Address, Box # : 1409 LORIANNA CT.
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:

N
NW NE
W E
SW SE
x
S

4 DEPTH OF COMPLETED WELL 52~~1281~~X ft. ELEVATION: 1231

Depth(s) Groundwater Encountered 1 19 ft. 2 ..... ft. 3 ..... ft.
WELL'S STATIC WATER LEVEL 19 ft. below land surface measured on mo/day/yr 6-27-03
Pump test data: Well water was 21 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 3 Feedlot 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)
2 Irrigation 4 Industrial

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 3 RMP (SR) 5 Wrought iron 8 Concrete tile
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)
7 Fiberglass

CASING JOINTS: Glued X Clamped ..... Welded ..... Threaded .....

Blank casing diameter 5 in. to 47 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 14 in., weight 160 lbs./ft. Wall thickness or guage No. SDR 26

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

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

SCREEN-PERFORATED INTERVALS: From 47 ft. to 52 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 22 ft. to 52 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:
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)
13 Insecticide storage .....
Direction from well? NORTH How many feet? 25

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	FILL DIRT			
3	18	CLAY TAN SILTY			
18	52	SAND FINE TO COARSE TAN			
52		SHALE LIGHT 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) 6-27-03 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) 6-27-03 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 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.