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

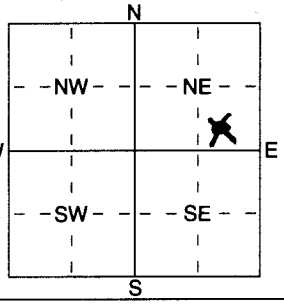
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	SW ¼ SE ¼ NE ¼	30	T 14 S	R 2 E/W

Distance and direction from nearest town or city street address of well if located within city?
1/2 mile East of Salina, KS

2 WATER WELL OWNER: Elks Country Club, c/o Will
RR#, St. Address, Box # : 1800 Marymount Rd.
City, State, ZIP Code : Salina, KS 67401

Board of Agriculture, Division of Water Resources
Application Number: 7848 & 35065

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 49 ft. ELEVATION: .....

Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.
WELL'S STATIC WATER LEVEL 19 ft. below land surface measured on mo/day/yr 9/26/03
Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield 400 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)
X 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
X 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass

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

Blank casing diameter 16 in. to 29 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 36 in., weight 16.15 lbs./ft. Wall thickness or guage No. .500

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

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot X Mill slot .085 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 29 ft. to 49 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 20 ft. to 49 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement X Cement grout 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:
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 X 16 Other (specify below) River
13 Insecticide storage

Direction from well? West How many feet? 380

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	15	Clay, gray			
15	27	Sand, fine			
27	29	Clay, gray			
29	48	Sand, medium to coarse			
48	50	Shale, red & gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (X) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10/13/03 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) 11/6/03 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.