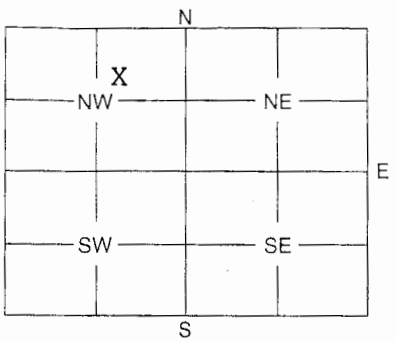
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	SW ¼ NE ¼ NW ¼	13	14	3 E (W)

Distance and direction from nearest town or city street address of well if located within city?
30' S of intersection of 4th & Iron, Salina

2 WATER WELL OWNER: Abner Perney
RR #, St. Address, Box #: 129 S. Santa Fe
City, State, ZIP Code : Salina, KS 67401
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL 31 ft.
WELL'S STATIC WATER LEVEL n/a ft.
WELL WAS USED AS:

1 Domestic 5 Public Water Supply 9 Dewatering
2 Irrigation 6 Oil Field Water Supply (10) Monitoring Well
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 X
If yes, mo/day/yr sample was submitted .....
Water Well Disinfected: Yes ..... No X

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
(2) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile .....

Blank casing diameter 4 in. Was casing pulled? Yes ..... No X If yes, how much Drilled out to 20'
Casing height above or below land surface n/a in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4) Other Concrete
Grout Plug Intervals: From 0 ft. to 0.5 ft., From 0.5 ft. to 31 ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank 6 Seepage pit (7) Fuel storage 16 Other (specify below)
2 Sewer lines 7 Pit privy 12 Fertilizer storage .....
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
4 Lateral lines 9 Feedyard 14 Abandoned water well
5 Cess pool 10 Livestock pens 15 Oil well/Gas well

Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
0	0.5	Concrete
0.5	20	Bentonite (11")
20	31	Bentonite (4")

SV4

GeoCore #1242

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/13/2005 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 11/4/2005 under the business name of GeoCore Inc. 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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.