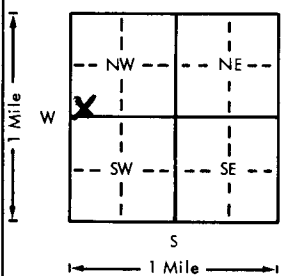


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well: County <u>Marion</u> Fraction <u>SW 1/4 SW 1/4 NW 1/4</u> Section number <u>33</u> Township number <u>T 19 S</u> Range number <u>R 3 E</u>																									
2. Distance and direction from nearest town or city: <u>SE 1/2 N</u> Street address of well location if in city: <u>Hillboro</u> 3. Owner of well: <u>George Galliant</u> R.R. or street: <u>BR</u> City, state, zip code: <u>Marion, Mo.</u>																									
4. Locate with "X" in section below: Sketch map: 	6. Bore hole dia. _____ in. Completion date <u>10-16-78</u> Well depth <u>60</u> ft.																								
	7. <input checked="" type="checkbox"/> Cable tool _____ Rotary _____ Driven _____ Dug _____ _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary																								
5. Type and color of material	8. Use: <input checked="" type="checkbox"/> Domestic _____ Public supply _____ Industry _____ _____ Irrigation _____ Air conditioning _____ Stock _____ _____ Lawn _____ Oil field water _____ Other _____																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Top Soil</u></td> <td><u>0</u></td> <td><u>2</u></td> </tr> <tr> <td><u>Yellow Clay</u></td> <td><u>2</u></td> <td><u>11</u></td> </tr> <tr> <td><u>Yellow Shale + Clay</u></td> <td><u>11</u></td> <td><u>33</u></td> </tr> <tr> <td><u>Some water</u></td> <td><u>33</u></td> <td><u>36</u></td> </tr> <tr> <td><u>Blue Shale</u></td> <td><u>36</u></td> <td><u>57</u></td> </tr> <tr> <td><u>Water</u></td> <td><u>57</u></td> <td><u>58</u></td> </tr> <tr> <td><u>Blue Shale</u></td> <td><u>58</u></td> <td><u>60</u></td> </tr> </tbody> </table>		From	To	<u>Top Soil</u>	<u>0</u>	<u>2</u>	<u>Yellow Clay</u>	<u>2</u>	<u>11</u>	<u>Yellow Shale + Clay</u>	<u>11</u>	<u>33</u>	<u>Some water</u>	<u>33</u>	<u>36</u>	<u>Blue Shale</u>	<u>36</u>	<u>57</u>	<u>Water</u>	<u>57</u>	<u>58</u>	<u>Blue Shale</u>	<u>58</u>	<u>60</u>	9. Casing: Material <u>Stycor</u> Above or below _____ Threaded _____ Welded _____ Surface <u>72</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Well Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>200 wall</u>
	From	To																							
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	10. Screen: Manufacturer's name _____ Type <u>Stycor</u> Dia. <u>5"</u> Slot/gauze <u>10</u> Length <u>15</u> Set between <u>45</u> ft. and <u>60</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-12</u>																								
	11. Static water level: _____ mo./day/yr. <u>12</u> ft. below land surface Date <u>10-16-78</u>																								
	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.																								
	13. Water sample submitted: _____ mo./day/yr. _____ Yes <input checked="" type="checkbox"/> No _____ Date _____																								
	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade																								
	15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neoprene _____ Bentonite _____ Concrete _____ Depth: From <u>3</u> ft. to <u>13</u> ft.																								
	16. Nearest source of possible contamination: _____ ft. <u>70</u> Direction <u>NE tank</u> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____																								
	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____																								
18. Elevation:	20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Backhus Dng 18</u> Business name _____ License No. _____ Address <u>Jampa Sp.</u> Signed <u>Paul Backhus</u> Date <u>10-16-78</u> Authorized representative																								
19. Remarks:  Topography: _____ Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland _____ Valley																									

T 19 R 3 W 33 Sec SW 1/4 SW 1/4 NW 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5