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

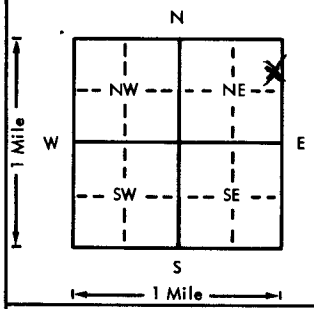
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Marion	Se 1/4 Ne 1/4 Ne 1/4	1	T 19 S	R 4 E/W

2. Distance and direction from nearest town or city: 4 S 1/2 E 1/2 S

Street address of well location if in city: Lincolnville

3. Owner of well: Marland J. Clouthier
R.R. or street: RR I
City, state, zip code: Lincolnville Ks 66858

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Fill Sand	0	3
Lime Stone	3	22
Yellow Shale	22	28
Gray Rock	28	35
Red Rock	35	45
Yellow Shale	45	52
Some Water	52	
Lime Stone	52	60
Gray Rock	60	80
Lime Stone	80	87
Water	87	
Lime Stone	87	96
(Use a second sheet if needed)		

6. Bore hole dia. 8-7 in. Completion date 9-27-76
Well depth 95 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded ___ Welded ___ Surface ___ in.
RMP ___ PVC X Weight Sch 40 lbs./ft.
Dia. 5 in. to 95 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 125

10. Screen: Manufacturer's name M.P.I.
Type PVC Dia. 5
Slot/gauze 18 Length 20
Set between 75 ft. and 95 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 3/8

11. Static water level: mo./day/yr.
70 ft. below land surface Date 9-30-76

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 ___ No Date ___

14. Well head completion: In Grage
___ Pitless adapter ___ Inches above grade

15. Well grouted? X
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: Sewer
ft. 100 Direction W Type Line
Well disinfected upon completion? X Yes ___ No

17. Pump: X 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

T 19 R 4 E/W Sec 1 1/4 1/4 1/4 SE NE NE

18. Elevation:

Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks:

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.
Backhus Drg. 180
Business name License No.
Address Tampa Ks.
Signed Paul Backhus Date ___
Authorized representative

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

Form WWC-5

M1-1023