

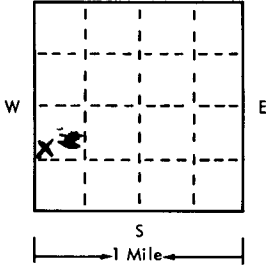
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

CEP SWNW

1 Location of well: County <i>Marion</i> Township name <i>Center</i> Fraction <i>7/8</i> Section number <i>28</i> Town number <i>19 SW 1/4</i> Range number <i>H E</i>	
Distance and direction from nearest town or city: <i>Marion</i> Street address of well location if in city: <i>1 mi NE Marion</i> 3 Owner of well: <i>Geo Butler</i> Address: <i>Marion, Mo 66861</i>	
Locate with "X" in section below:  Sketch map:	
4 Well depth: <i>100</i> ft. Date of completion <i>July 1</i> Well diameter _____ in.	
5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>Poster well</i>	
7 Casing: Material <i>Plus</i> Weight: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight <i>see spec</i> ft. _____ <i>6</i> in. to <i>100</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
2 Type and color of material From To	
<i>Gumbo</i> _____ <i>10</i>	
<i>Grine</i> _____ <i>40 50</i>	
<i>Soap Stone</i> <i>Water 5 gal min</i> _____ <i>10 60</i>	
<i>Bed Rock</i> _____ <i>8 68</i>	
<i>Brown shale</i> _____ <i>10 78</i>	
<i>Grine</i> _____ <i>3 80</i>	
<i>Blue shale</i> <i>Water 25 gal min</i> _____ <i>5 85</i>	
<i>Brown shale</i> _____ <i>10 95</i>	
<i>Grine</i> _____ <i>5 100</i>	
8 Screen: <input checked="" type="checkbox"/> Manufacturer _____ Type <i>Plus</i> Dia. <i>6 25+</i> Slot/gauze _____ Length _____ Set between <i>25</i> ft. and <i>100</i> ft <i>25 ft</i> Fittings: _____ Gravel pack <input checked="" type="checkbox"/> <i>no</i> <input type="checkbox"/> No Size range of material _____	
9 Static water level: <i>40</i> ft. below land surface Date <i>July 1, 1976</i>	
10 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.	
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
12 Well head completion: <input type="checkbox"/> Pitless adapter <i>10</i> inches above grade	
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>90</i> ft. to <i>100</i> ft.	
14 Nearest source of possible contamination: <i>Marion</i> Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <i>Windsor</i> Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
17 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. <i>Schump Water Well</i> Business name _____ License No. _____ Address <i>Marion</i> Signed <i>William Schump</i> Date <i>July</i> Authorized representative	

19 4E 28 CEP SWNW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.