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

call 12:30

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

Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Marion	Center	NE	34	19	4 E

Distance and direction from nearest town or city: 1 mi E Marion

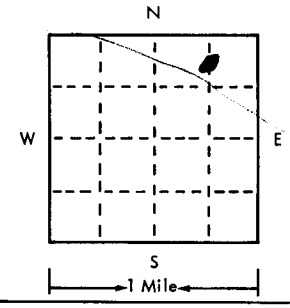
Street address of well location if in city:

3 Owner of well: Dave Youngkopper

Address: Marion Ks

Locate with "X" in section below:

Sketch map:



4 Well depth: 100 ft. Date of completion May 20 1976
Well diameter 8 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug
[ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry
[ ] Irrigation [ ] Air conditioning [ ] Commercial
[ ] Test well [ ]

Casing: Material Plas Height: above/below 16 in
Threaded [ ] Welded [ ] Surface ___ in.
Diam. Weight 200 lbs./ft.
___ in. to ___ ft. depth Drive shoe? [ ] Yes [ ] No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Shumbo		8
Lime	12	20
Red Rock	10	30
Soapstone	10	40
Lime	20	60
Shale	10	70
Red Rock → water	20	90
Shale	5	95
Lime → water	5	100
Shale	10	110
(use a second sheet if needed)		

Screen:
Manufacturer
Type Dia.
Slot/gauze Length 30
Set between ___ ft. and ___ ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material

9 Static water level:
50 ft. below land surface Date

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:
[ ] Yes [X] No Date

12 Well head completion:
[ ] Pitless adapter [X] Inches above grade 16

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ]
Depth: From Top ft. to 20 ft.

14 Nearest source of possible contamination:
ft. Direction Type
Well disinfected upon completion? [ ] Yes [ ] No

15 Pump: [ ] Not installed
Manufacturer's name Burk
Model number HP Volts
Length of drop pipe ___ ft. capacity 15 g.m.p.
Type:
[X] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevation

Topography:
[ ] Hill
[X] Slope
[ ] Upland
[ ] 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.
Schimp Water Wells
Business name License No.
Address Marion 278
Signed Walter Schimp Date May 18
Authorized representative

19 4E 34 CNE

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

Form WWC-5

677-H