

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Marshall	NE $\frac{1}{4}$ S NE $\frac{1}{4}$ $\frac{1}{4}$	8	T 1 S	R 7 E/WX

Distance and direction from nearest town or city? **10 miles N Marysville - Rt. 77** Street address of well if located within city?

2 WATER WELL OWNER: **Jess Kozak**
 RR#, St. Address, Box # : **Box 862** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Beatrice, NE. 68310** Application Number:

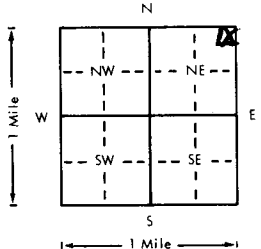
3 DEPTH OF COMPLETED WELL: **95** ft. Bore Hole Diameter: . . . in. to . . . ft., and . . . in. to . . . ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 Well's static water level: **68** ft. below land surface measured on . . . month . . . day . . . year
 Pump Test Data : Well water was . . . ft. after . . . hours pumping. . . . gpm
 Est. Yield **19** gpm: Well water was . . . ft. after . . . hours pumping gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile Casing Joints: Glued . . . Clamped . . .
 2 PVC 4 ABS 7 Fiberglass Welded
 Blank casing dia: **5"** in. to . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.
 Casing height above land surface: **12"** in., weight . . . lbs./ft. Wall thickness or gauge No. . . .
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass **7 PVC** 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)
 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped **8 Saw cut** 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes
 Screen-Perforation Dia: **5"** in. to . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.
 Screen-Perforated Intervals: From: **75** ft. to **95** ft., From . . . ft. to . . . ft.
 Gravel Pack Intervals: From: **20** ft. to **95** ft., From . . . ft. to . . . ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other
 Grouted Intervals: From: **1** ft. to **20** ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.
 What is the nearest source of possible contamination: **NONE** 10 Fuel storage 14 Abandoned water well
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines
 Direction from well How many feet ? Water Well Disinfected? Yes **XX** No
 Was a chemical/bacteriological sample submitted to Department? Yes No **not by us** If yes, date sample
 was submitted . . . month . . . day . . . year: Pump Installed? Yes No
 If Yes: Pump Manufacturer's name Model No. HP Volts
 Depth of Pump Intake ft. Pumps Capacity rated at gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was
 completed on **October** ~~25th~~ **10th** month **1982** day **1982** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **234D**
 This Water Well Record was completed on **October** month **25th** day **1982** year under the business
 name of **Blue Valley Drilling** by (signature) *[Signature]*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	2	Top soil	85	86
	2	7	Yellow clay	86	95	Limestone
	7	13	Brown clay	95		Blue shale
	13	25	Fine sand			
	25	45	Tan clay			
	45	46	Fine sand			
	46	75	Blue clay			
	75	76	Limestone			
	76	80	Brown shale & clay			
	80	85	Limestone & yellow shale			



ELEVATION:
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.