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

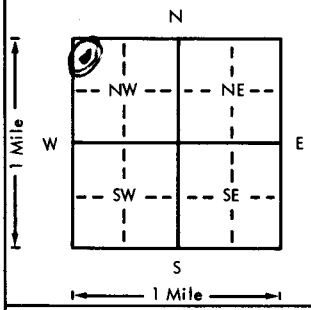
1. Location of well:	County: Marshall	Fraction: NW 1/4 NW 1/4 NW 1/4	Section number: 1	Township number: T 15 S	Range number: R 8 E E/W

2. Distance and direction from nearest town or city: 11 mi N Home City 2 mi east EAST side or 6 M east of Oketo & 2 M north

Street address of well location if in city:

3. Owner of well: Norman Haaf
R.R. or street: R.R.
City, state, zip code: Liberty Nebr 68381

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 10" in. Completion date 6-3-76
Well depth 79 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

X Casing: Material PVC Height: Above or below Surface 14 in.
Threaded ___ Welded ___ Weight 2.67 lbs./ft.
RMP ___ PVC X Wall Thickness: inches or gage No.
Dia. 5 in. to 79 ft. depth
Dia. ___ in. to ___ ft. depth

5. Type and color of material

Type and color of material	From	To
TOPSOIL, Black	0	10
SANDY LOAM, YELLOW	10	49
LIMESTONE, YELLOW	49	60
SHALE, BLUE	60	79

(Use a second sheet if needed)

10. Screen: Manufacturer's name Pump Co
Type P.V.C. Dia. 5
Slot/gage .025 Length 10
Set between 50 ft. and 70 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/2 X 1/16

11. Static water level: 50 ft. below land surface Date 6-3-76 mo./day/yr.

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

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

15. Well grouted? X
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 15 ft. to 4 ft.

16. Nearest source of possible contamination:
ft. 50 Direction NORTH Type WATERWAY
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 15 R 8 E W Sec 1 1/4 1/4 1/4 1/4 Nemaha

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.
Strader Drilling Co 237
Business name License No.
Address Blue Rapids
Signed Harold Strader Date 6-3-76
Authorized representative

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

Form WWC-5

MI-1023