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

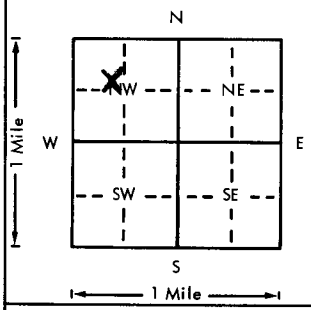
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Marion	SE 1/4 NW 1/4 NW 1/4	2	T 20 S	R 2 E/W

2. Distance and direction from nearest town or city: 1 mile east of Hillboro

Street address of well location if in city:

3. Owner of well: Clark Weibe
R.R. or street: R.R. 2
City, state, zip code: Hillsboro, Kansas

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Top soil	0	6
Brown clay	6	35
Buff clay and blue shale	35	93
Gypsum rock (solid)	96	98

(Use a second sheet if needed)

6. Bore hole dia. 24 in. Completion date
Well depth 98 ft. 10/24/77

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

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

9. Casing: Material transit bands Height: Above or ~~below~~ ****
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC ___ Weight 34 lbs./ft.
Dia. 16 in. to ___ ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 3/4"

10. Screen: Manufacturer's name Johnson Well Casing
Type ___ Dia. 16
Slot/gauze 1/8 Length 10'
Set between 88 ft. and 98 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1" to 2"

11. Static water level: mo./day/yr.
24 ft. below land surface Date

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 340 g.p.m.

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

14. Well head completion:
__ Pitless adapter 12 Inches above grade

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

16. Nearest source of possible contamination:
ft. 200' Direction east Type corral
Well disinfected upon completion? ___ Yes X No

17. Pump: X Nat 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 20 R 2 W Sec 2 1/4 SE 1/4 NW 1/4 NW

18. Elevation:

Topography:
X Hill
__ 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.
Rader Drilling Co. 194
Business name License No.
Address Carlton, Kansas 67429
Signed Bryant E. Rader Date 6-22-78
Authorized representative

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

Form WWC-5

MI-1023