"Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

	County	Fraction	Section	number	Township number	Range number		
1. Location of well:	Marion	Ne 1/4 Se 1/4 Ne		2,,	1 20 s	R 3	O w	
	ction from nearest town or city:	. , ,	 Owner of well R.R. or street: 	" K	rry Ber	1800	,	
Street address of well	1 location if in city:	//	City, state, zip	code:	Marioy t	59.668	61	
4. Locate with "X" i		Sketch map:			6. Bore hole dia.	Completion date 7	=2P	
i I	:				7. Cable tool Rotary			
NW	NE					BoredRever		
Mile A	1 E					ir conditioning Sto	ck '	
SW	SE				9. Casing: Material	il field waterOtl		
<u> </u>	<u> </u>				Threaded Welded	_iSurface	in.	
S 1 -4 1 M					PYC PYC Dia 5 in. to 5 ft. dep	th Wall Thickness: inc		
5. Type and color of	material		From	То	Diain. to ft. dep	th gage No. 23	-	
TOD Soil				2	10. Screen: Manufagurer mame			
Vellan Clan				7	Type Dia. Slot/gauze Length			
 	4 C/18 W C	100	2	11	Set betweenft. c	ft. and	ft. 3 ft.	
<u> </u>	me 30	040		32		nge of material	/day/yr	
y e	110W + 1	sed shale	32	55	11. Static water level: ft. below land sur	face Date 1	(day/yr.)p	
W	Water		33	56	12. Pumping level below land		g.p.m.	
	Red S	hale	56	62	ft. after	•	g.p.m.	
					Estimated maximum yield — 13. Water sample submitted:	mo.,	-g.p.m. /day/yr.	
					Yes No 14. Well head completion:	Date		
- ***	- PA				Pitless adapter	Inches above g	grade	
	·				15. Well grouted? With: Negaporement	Bentonite C	oncrete \ \ \	
				-	Depth: From ft. to	/3 ft.	0 - 10	
					16. Negrest source of possible ft. Direction	7 Type	ine	
					Well disinfected upon comple 17. Pump:	Yes	No	
					Manufacturer's name	<u></u>	"	
					Model number	HP Volt ft. capacity		
					Type: Submersible	Turbine		
	// len	cond sheet if needed)			Jet Centrifugal	Reciprod	cating S	
18. Elevation:	19. Remarks: O W 1			<u> </u>	20. Water well contractor's	ertification:	, lc	
		e Slaba	roun	~/	This well was drilled under m		report	
1 ' ' ' ' 1				<i>.</i>	Backhus	Dry 18	nse No.	
Hill Slope	We11 4	4444"			Address Dam P	a Ko		
Valley	·	•			Signed Authorized rep	resentative Date	<u>a -70</u> 0≥ N	
7	ue and pink copies to the Depar	tment of Health and Environment				Form WW	C-5 (