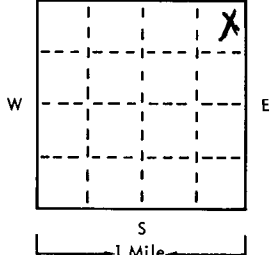


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

1 Location of well:	County <u>Marion</u>	Township name <u>Wilson</u>	Fraction <u>NE-NE-NE</u>	Section number <u>30</u>	Town number <u>20S</u>	Range number <u>3E</u>
Distance and direction from nearest town or city: <u>4 East 4 South</u>			3 Owner of well: <u>Harvey Peters</u>			
Street address of well location if in city: <u>of Hillboro Ks</u>			Address: <u>B.B. Marion Ks. 66861</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>45</u> ft. Date of completion <u>6-27-75</u> Well diameter <u>9</u> in.
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
					6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
					7 Casing: Material <u>PRO</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>10</u> in. Diam. <u>0.1293</u> Weight <u>160</u> lbs./ft. <u>5</u> in. to <u>45</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — in. to — ft. depth	
					8 Screen: Manufacturer <u>Certain-teed</u> Type <u>Plastic</u> Dia. <u>5"</u> Slot/gauze <u>76</u> Length <u>10'</u> Set between <u>35</u> ft. and <u>85</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8</u>	
					9 Static water level: <u>35</u> ft. below land surface Date <u>6-27-75</u>	
					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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date —	
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.	
					14 Nearest source of possible contamination: ft. <u>75</u> Direction <u>East</u> Type <u>Septic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				
16 Remarks: elevation			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. <u>Barthus Drilling 180</u> Business name _____ License No. _____ Address <u>Jampa Ks.</u> Signed <u>Barthus</u> Date <u>7-7-75</u> Authorized representative			

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

Form WWC-5