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

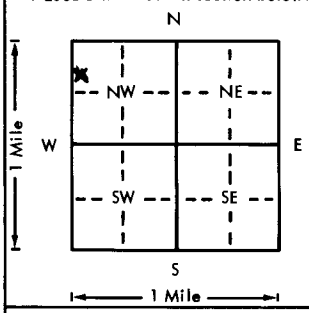
Marion County Lake

1. Location of well:	County: Marion	Fraction: Lot 14 John R Lake SW 1/4 NW 1/4 NW 1/4	Section number: 10	Township number: T 20 S	Range number: R 4 E E/W

2. Distance and direction from nearest town or city: 1 mile East 1 3/4 South of Marion
Street address of well location if in city:

3. Owner of well: H E Gelmer
R.R. or street: 2
City, state, zip code: Marion Ks 66861

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8 in. Completion date
Well depth 68 ft. April 15 1979

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 plas Height: Above or below
Threaded ___ Welded ___ Surface 15 in.
RMP ___ PVC X Weight 200 lbs./ft.
Dia. 5 in. to 68 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth Gage No. 200

5. Type and color of material	From	To
Gumbo	0	5
~~Yellow~~ Lime	5	40
Red Rock	40	50
Brown shale	50	55
Fine shale	55	68
(Use a second sheet if needed)		

10. Screen: Manufacturer's name ~~Homemade~~ plas Sunflower
Type plas Dia. 5 in
Slot/gauze 1/16 Length 20
Set between 48 ft. and 68 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/2 in

11. Static water level: mo./day/yr.
40 ft. below land surface Date April 15 1979

12. 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.

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

14. Well head completion:
__ Pitless adapter 15 Inches above grade

15. Well grouted? X
With: X Neat cement __ Bentonite __ Concrete
Depth: F[redacted] 20

16. Nearest source of possible contamination:
ft. 100 Direction South Type Septic Tank
Well disinfected upon completion? X Yes __ No

17. Pump: __ Not installed
Manufacturer's name Beta
Model number ___ HP 1/2 Volts ___
Length of drop pipe 60 ft. capacity ___ g.p.m.
Type:
X Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

T 20 S R 4 E W Sec 10 1/4 1/4 1/4 1/4 Sunflower

18. Elevation:
Topography:
__ 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.
Schmidt Waterwell 278
Business name License No.
Address Marion Ks
Signed Dallum Schmidt Date April 15 1979
Authorized representative

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

Form WWC-5