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

C SW NW

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	MARION	CENTER	Pt. SE 1/4	10	20S	4E

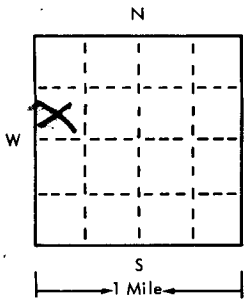
Distance and direction from nearest town or city: 3 miles So. E. Marion Ks.

Street address of well location if in city:

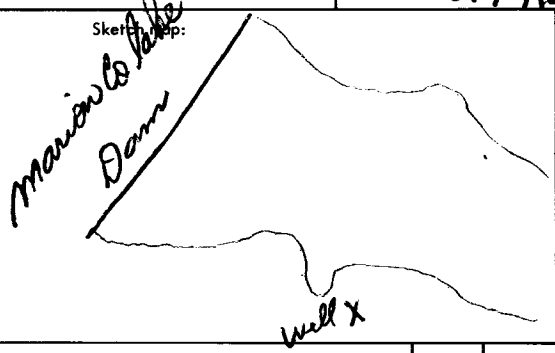
3 Owner of well: R.E. OURSLER

Address: 24 ROCK ROAD MARION COUNTY LAKE

Locate with "X" in section below:



Sketch map:



4 Well depth: 64 ft. Date of completion 7-1-75
Well diameter 5 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug [ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry [ ] Irrigation [ ] Air conditioning [ ] Commercial [ ] Test well [ ]

7 Casing: Material Plastic Height: above/~~below~~
Threaded [ ] Welded [ ] Surface 18 in.
Diam. Weight 1 1/2 lbs./ft.
___ in. to ___ ft. depth Drive shoe? [ ] Yes [X] No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Rock	0	20 ft
Rock + Clay - yellow	20 ft	46 ft
Red Shale	60 ft	64 ft
(use a second sheet if needed)		

8 Screen:
Manufacturer J + L
Type 2000 Dia. 5 in
Slot/gauze 1/16 Length 20
Set between 44 ft. and 64 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 5/8

9 Static water level:
20 ft. below land surface Date 7-1-75

10 Pumping level below land surfaces:
30 ft. after 1 hrs. pumping 24 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 30 g.p.m.

11 Water sample submitted:
[ ] Yes [X] No Date ___

12 Well head completion:
[ ] Pitless adapter [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ]
Depth: From 0 ft. to 15 ft.

14 Nearest source of possible contamination:
ft. 70 Direction N Type SEPTIC
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] Not installed
Manufacturer's name
Model number HP Volts
Length of drop pipe ft. capacity g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevotion

Topography:
[ ] Hill
[ ] Slope
[ ] Upland
[ ] Valley

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.
D + R well Service 211A
Business name License No.
Address 428 W 3rd NEWTON KS
Signed W. Williams Date 7-25-75
Authorized representative

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

Form WWC-5