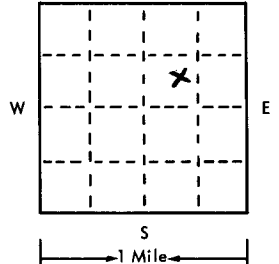


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>Marion</b>	Township name <b>Grant</b>	Fraction <b>SW 1/4 NE 1/4</b>	Section number <b>9</b>	Town number <b>20</b>	Range number <b>SE</b>
Distance and direction from nearest town or city: <b>6 miles E - 1 1/4 S of Marion</b>				3 Owner of well: <b>Pauline &amp; Wm Schimpf</b>		
Street address of well location if in city:				Address: <b>R# 2, Marion, Ks. 66861</b>		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		4 Well depth <b>130</b> ft. Date of completion <b>Oct 13 1977</b> Well diameter <b>10</b> in.
				5 <input checked="" type="checkbox"/> Cable tool <input 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 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 checked="" type="checkbox"/> <b>Cattle well</b>
				7 Casing: Material <b>galv</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>1 1/2</b> in. Diam. _____ Weight <b>40</b> lbs./ft. <b>6</b> in. to <b>130</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		8 Screen: Manufacturer _____ Type <b>Plastic</b> Dia. <b>8 inch</b> Slot/gauze <b>3/8 in</b> Length <b>40 ft</b> Set between <b>90</b> ft. and <b>130</b> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____
2 Type and color of material				From	To	9 Static water level: <b>90</b> ft. below land surface Date <b>Oct 13 1977</b>
<b>Gumbo</b>				<b>0</b>	<b>10</b>	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.
<del>Clay</del> <b>Clay Limestone</b>				<b>10</b>	<b>15</b>	
<b>Sandy Stone</b>				<b>15</b>	<b>40</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<b>Shale</b>				<b>40</b>	<b>60</b>	12 Well head completion: <b>16</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
<b>Limestone</b>				<b>60</b>	<b>130</b>	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 <b>0</b> ft. to <b>10</b> ft.
						14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						15 Pump: <input type="checkbox"/> Not installed Manufacturer <b>Wellmill</b> 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 checked="" type="checkbox"/> Other <b>Windmill</b>
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. <b>Schimpf Waterwell 272</b> Business name License No. Address <b>Marion Kansas</b> Signature <b>Wm Schimpf</b> Date <b>Oct 13 1977</b> Authorized representative		
(use a second sheet if needed)						

20 SE 9 SWNE 1