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

WATER WELL RECORD
KSA 82a-1201-1215

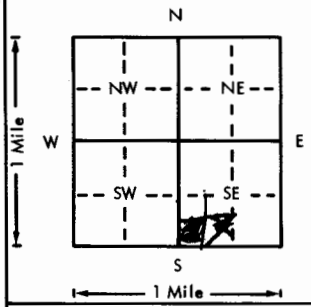
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	MARION	SE 1/4 SW 1/4 SE 1/4	5	T 21 S	R 1 E/W

2. Distance and direction from nearest town or city:
Street address of well location if in city: WHEAT LAND Dr

3. Owner of well: FERd SCHMIDT
R.R. or street: RFD 1 BOX 70
City, state, zip code: LEHIGH KANS 67073

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 10 in. Completion date 8-21-76
Well depth 45 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
X Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: (Above) or below
Threaded ___ Welded ___ Surface 18 in.
RMP X PVC ___ Weight 1.50 lbs./ft.
Dia. 5 in. to 45 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .200

5. Type and color of material	From	To
Top Soil	0	2
Clay Red	2	5
Sand Fine	5	9
Sand Fine to Coarse	9	30
Limestone Rock	30	35
Shale Black	35	45
(Use a second sheet if needed)		

10. Screen: Manufacturer's name J & J
Type RMP Dia. 5
Slot/gauze .06 Length 30
Set between 10 ft. and 40 ft.
___ ft. and ___ ft.
Gravel pack? YES Size range of material 48

11. Static water level: mo./day/yr.
6 ft. below land surface Date 8-21-76

12. Pumping level below land surfaces:
20 ft. after 1 hrs. pumping 25 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 25 + g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date By owner

14. Well head completion:
___ Pitless adapter ___ Inches above grade

15. Well grouted? yes
With: X (Neat cement) ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: CITY SEWER
ft. 30 Direction N Type
Well disinfected upon completion? X Yes ___ No

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

18. Elevation:

Topography:
___ Hill
___ Slope
X Upland
___ Valley

19. Remarks:
Mr Schmidt will Run 4'X4' Cmt Slab around well
X Ferd Schmidt

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.
D+R Well Service 211
Business name License No.
Address 428 W 3rd Newton Ks
Signed W R Williams Date 9-6-76
Authorized representative

T 21 R 1 (E) W Sec 5 1/4 SE SE SE

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

Form WWC-5

MI-1023