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
	HARVEY	NE 1/4 SE 1/4 NW 1/4	8	T 23 S	R 1-E E/W

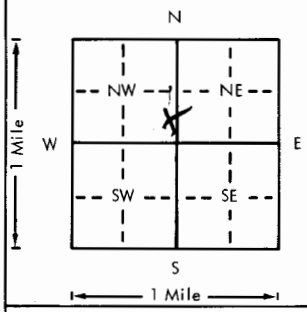
2. Distance and direction from nearest town or city:

Street address of well location if in city: 2001 TERRACE DRIVE

3. Owner of well: Virgil Borger
R.R. or street: 2001 Terrace Drive
City, state, zip code: Newton, KANSAS

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 8 in. Completion date 10-7-78
Well depth 46 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 Plastic Height: above or below
Threaded ___ Welded ___ Surface 18 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 26 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .200

5. Type and color of material	From	To
CLAY	0	10
CLAY + SAND	10	20
CLAY	20	30
GRAVEL - FINE	30	40
SHALE	40	46
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower Plastic Pipe
Type .200 Dia. 5"
Slot/gauze Slot 1/16 X Length 20'
Set between 26 ft. and 46 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/4-1 1/2

11. Static water level: mo./day/yr.
X 14 ft. below land surface Date 10-7-78

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

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

14. Well head completion:
__ Pitless adapter 18 Inches above grade

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

16. Nearest source of possible contamination:
ft. 55 Direction S Type SEWER
Well disinfected upon completion? ___ Yes X No

17. Pump: Not installed
Manufacturer's name GOULDS
Model number [illegible] HP 1/2 Volts 230
Length of drop pipe 40 ft. capacity 10 g.p.m.
Type:
X Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
___ Slope
X 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.
Martin Supply 362
Business name License No.
Address 500 West 22nd, N. Newton
Signed Bruce Martin Date 10-7-78
Authorized representative

T 23 R 1 (E) W Sec 8 1/4 NE 1/4 SE 1/4 NW 1/4

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

Form WWC-5

MI-1023