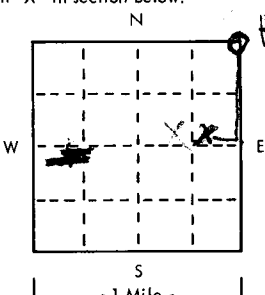


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

1 2 3 4 5 6 7 8 9 10
T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Marshall</u>	Township name <u>Logan</u>	Fraction <u>NE</u>	Section number <u>14</u>	Town number <u>25</u>	Range number <u>6 E</u>
Distance and direction from nearest town or city: <u>1/2 S. 1/4 W.</u>			3 Owner of well: <u>GERALD SCHWIEDER</u>			
Street address of well location if in city: <u>HERKIMER KS.</u>			Address: <u>TOPEKA, Ks. 1713 West 15</u>			
Locate with "X" in section below: 			Sketch map: <u>Herkimer</u>			
2			Type and color of material	From	To	4 Well depth: <u>75</u> ft. Date of completion _____ Well diameter <u>6</u> in.
			<u>Top Soil</u>	<u>0</u>	<u>11</u>	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
			<u>RED CLAY</u>	<u>12</u>	<u>50</u>	6 Use: <input checked="" 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 type="checkbox"/> _____
			<u>YELLOW LIME ROCK</u>	<u>51</u>	<u>58</u>	7 Casing: Material <u>Plastic</u> Height: above/below <u>R.M.P.</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ <u>5 1/2</u> in. to <u>20</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5 1/2</u> in. to <u>6</u> ft. depth <u>PVC 160 top of casing</u>
			<u>BLUE SHALE</u>	<u>59</u>	<u>63</u>	8 Screen: <u>Pumpco</u> Manufacturer <u>Pumpco</u> Type <u>RMP</u> Dia. _____ Slot/gauge <u>80</u> Length <u>90</u> Set between <u>45</u> ft. and <u>65</u> ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8 X 1/4</u>
			<u>RED SHALE</u>	<u>64</u>	<u>75</u>	9 Static water level: <u>50</u> ft. below land surface Date <u>March</u>
						10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						12 Well head completion: <u>NA</u> <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ inches above grade
						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 <u>20</u> ft. to <u>10</u> ft.
						14 Nearest source of possible contamination: ft. <u>200</u> Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
16 Remarks: elevation <u>Ridge</u> <u>1280'</u>			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. <u>Strader Drilling Co.</u> <u>237</u> Business name <u>Blue Rapids</u> License No. _____ Address <u>Harold Strader</u> Date <u>Apr 15</u> Signed _____ Authorized representative			