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

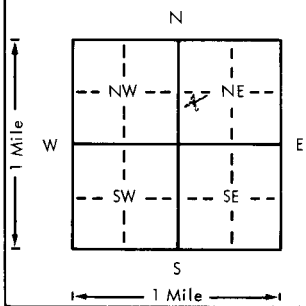
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Marshall	Ne 1/4 Nw 1/4 Sw 1/4	21	T 2 S	R 7 E/W

2. Distance and direction from nearest town or city: 2½ north of Hgh Way 36

Street address of well location if in city:

3. Owner of well: Union Pacific
R.R. or street: Stock Yards At Marysville
City, state, zip code: Marysville, Kansas. 66508

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 16" in. Completion date 9-5-79
Well depth 44' ft.

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

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

9. Casing: Material pvc
Threaded ___ Welded ___
RMP ___ PVC ___
Dia. 8 in. to 44 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below Surface 12" in.
Weight 200 lbs./ft.
Wall Thickness: inches or gage No. 200

5. Type and color of material	From	To
Soil Top	0	2
Sandy Brown Clay	2	8
Clay Black & Brown	8	14
Sandy Clay Brown	14	32
Sand Med.& Course	32	38
Sand Fine	38	40
Shale Blue	40	44
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Plastic nsf approved
Type Plastic Dia. 8"
Slot/gauze .090 Length 10'
Set between 31 ft. and 41 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material cmx2

11. Static water level: mo./day/yr.
18 ft. below land surface Date 9-5-79

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 90 g.p.m.

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

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

15. Well grouted? Yes
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 20 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? XX 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:

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.
Blue Valley Drilling 7234D
Business name License No.
Address Blue Rapids, Ks 66411
Signed Gerald Studer Date 1-25-86
Authorized representative

T R E W Sec 1/4 1/4 1/4

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

Form WWC-5