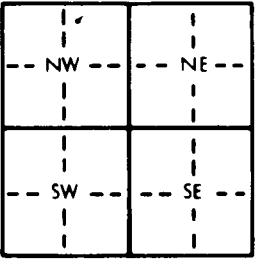


1 LOCATION OF WATER WELL: County: MARSHALL Fraction: NE 1/4 NE 1/4 NW 1/4 Section Number: 33 Township Number: T 2 S Range Number: R 7 E

Distance and direction from nearest town or city street address of well if located within city? 617 BROADWAY (TMW-2)

2 WATER WELL OWNER: CITY OF MARYSVILLE RR#, St. Address, Box #: 209 N 8TH Board of Agriculture, Division of Water Resources City, State, ZIP Code: MARYSVILLE, KS 66508 Application Number: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 25 ft. ELEVATION: 1126.1 ft.
 Depth(s) Groundwater Encountered 1. 20 ft. 2. 17.65 ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 17.65 ft. below land surface measured on mo/day/yr 3/28/97
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 4.25 in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 12 Other (Specify below) _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded X
 Blank casing diameter: 2 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Milk slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 15 ft. to 25 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 13 ft. to 25 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 0 ft. to 11 ft., From 11 ft. to 13 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>3</u>	<u>FILL</u>			
<u>3</u>	<u>20</u>	<u>SILTY CLAY</u>			
<u>20</u>	<u>25</u>	<u>SAND</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3-28-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 575 This Water Well Record was completed on (mo/day/yr) 7-6-97 under the business name of KURTZ ENVIRONMENTAL SERVICE by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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R
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SEC.
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