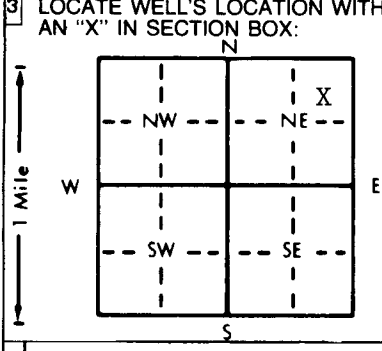


1 LOCATION OF WATER WELL: County: Marshall Fraction: SW 1/4 NE 1/4 NE 1/4 Section Number: 28 Township Number: T 02 S Range Number: R 07 E/W

Distance and direction from nearest town or city street address of well if located within city?
604 North Sixth Street, Marysville, KS

2 WATER WELL OWNER: City of Marysville
 RR#, St. Address, Box #: 209 North Eighth Street Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Marysville, KS 66508 Application Number: NA



4 DEPTH OF COMPLETED WELL: 45' ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered: 1. 15' to water ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: _____ ft. below land surface measured on mo/day/yr
 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: _____ in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:
 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded XX
 Fiberglass _____ Threaded _____
 Blank casing diameter _____ in. to _____ 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:
 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 Torch cut 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From _____ NA ft. to _____ NA ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 4 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 8 ft. to 4 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
45'		Disinfected			
45'	8'	Filled with Sand & Dirt			
8'	4'	Plugged with Concrete			
4'	3'	Cut off underground & buried			
WATER WELL WAS FOUND WHEN OLD CITY SHOP BUILDING WAS BEING DEMOLISHED.					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) June 11, 1993 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA This Water Well Record was completed on (mo/day/yr) 6-14-93 under the business name of City of Marysville by (signature) Paula Jolle, City Clerk

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.