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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

NE NW SW
~~SE NW SW~~

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

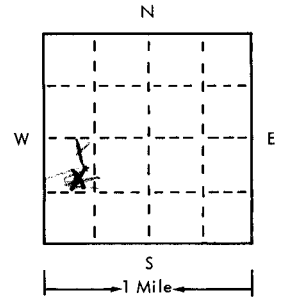
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Marshall	Elm, Creek	~~N.W. ¼ of S.E. ¼~~	18	3	7 E

Distance and direction from nearest town or city: 6 SW Marysville.

Street address of well location if in city:

3 Owner of well: Emil Peeks
Address: RR1 Marysville Kans. 66508

Locate with "X" in section below:



Sketch map:

2 Type and color of material	From	To
Top Soil - Clay	0	10
Creek Gravel	10	20
White Clay	20	25
Blue Shale	25	30
Blue Shale	30	35
Blue Shale & Lime Rock	35	40
Lime Rock	40	45
Brown Shale	45	50
" "	50	54
Lime Rock	54	60
(use a second sheet if needed)		

4 Well depth: 60 ft. Date of completion 8/2/75
Well diameter 8" in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug [ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [ ] Domestic [ ] Public supply [ ] Industry [ ] Irrigation [ ] Air conditioning [ ] Commercial [ ] Test well [X] Pasture Well

7 Casing: Material PVC Height: above below
Threaded [ ] Welded [ ] Cement Surface ~~[illegible]~~ in. 12
Diam. Weight 250 lbs./ft.
5 in. to 60 ft. depth Drive shoe? [X] Yes [ ] No
~~[illegible]~~ in. to ~~[illegible]~~ ft. depth

8 Screen:
Manufacturer Permco
Type PVC Dia. 5" I.D.
Slot/gauze Slot Length 40'
Set between 40 ft. and 60 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 1/16 - 1/2

9 Static water level:
10 ft. below land surface Date 8/2/75

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

11 Water sample submitted:
[ ] Yes [X] No Date ____

12 Well head completion:
[ ] Pitless adapter [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ] ____
Depth: From 4 ft. to 14 ft.

14 Nearest source of possible contamination: Pasture
ft. 150 Direction W Type Pond
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevation
1185'

Topography:
[ ] Hill
[ ] Slope
[ ] Upland
[X] Valley

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.

[illegible] Drilling Service 176
Business name License No.
Address [illegible]
Signed [illegible] Date 9-1-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5