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

WATER WELL RECORD
KSA 82a-1201-1215

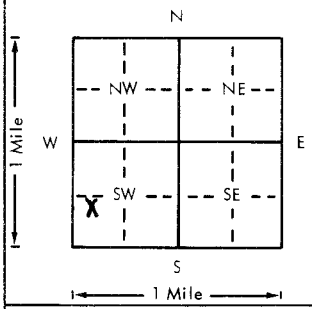
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Marshall	NW 1/4 SW 1/4 SW 1/4	33	T 4 S	R 10 E/~~W~~

2. Distance and direction from nearest town or city: 3-S-1-E-3/4 Mi. S. of Vliets, Ks.
Street address of well location if in ~~city~~:

3. Owner of well: Leo Huninghake
R.R. ~~or street~~:
City, state, zip code: Frankfort Kans. 66427

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Dirt Black	0	10'
Gravel	10	12
Clay Gray Sandy	12	20
" " "	20	23
" " " With Gravel Coarse	23	30
Shale Blue	30	35

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date
Well depth 35 ft. 5-5-78

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

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

9. Casing: Material PVC Height: Above ~~or below~~
Threaded ___ Welded Glue Surface 30" in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 5 in. to 35 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. Sch. 40

10. Screen: Manufacturer's name Slot By Driller
Type Pvc Dia. 5"
Slot/gauze 16 Length 20'
Set between 15 ft. and 35 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/4-1/2"

11. Static water level: mo./day/yr.
15 ft. below land surface Date 5-5-78

12. 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.

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

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

15. Well grouted? Yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 5 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 50' Direction West Type Creek
Well disinfected upon completion? X 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

T 4 R 10 E/W Sec 33 1/4 1/4 1/4 1/4 NW SW SW

18. Elevation:

Topography:
__ Hill
X Slope
__ 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.
Harpers Drlg. Serv. 176
Business name License No.
Address Blue Rapids Ks
Signed [signature] Date 5-5-78
Authorized representative

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

Form WWC-5

MI-1023