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

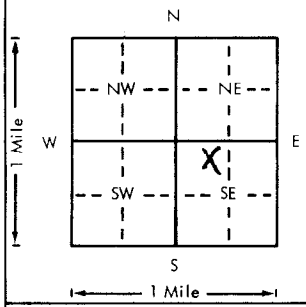
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Washington	NE 1/4 NW 1/4 SE 1/4	36	T 4 S	R 5 E/W

2. Distance and direction from nearest town or city: 2-W-12-S of Wetmuller Kans.
Street address of well location if in city:

3. Owner of well: Ed Copeland
R.R. or street:
City, state, zip code: Riley Kans, 66531

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 10 in. Completion date
Well depth 55 ft. MAY 14-1980

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

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

9. Casing: Material PVC
Threaded ___ Welded Glue
RMP ___ PVC X
Dia. 5 in. to 55 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above ~~or below~~ Surface 24 in.
Weight ___ lbs./ft.
Wall Thickness: inches or gage No. Sch. 40

5. Type and color of material	From	To
Dirt Black	0	4
Clay Brown	4	20
" " With Gravel	20	35
Lime Rock White	35	40
" " " With Blue flint	40	50
Shale Blue	50	55

(Use a second sheet if needed)

10. Screen: Manufacturer's name Pumpco
Type PVC Dia. 5"
Slot/gauze 40 Length 20'
Set between 35 ft. and 55 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/8 - 1/2

11. Static water level: mo./day/yr.
25 ft. below land surface Date 5-14-80

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: __ Neat cement __ Bentonite X Concrete
Depth: From 4 ft. to 14 ft.

16. Nearest source of possible contamination:
ft. 500 Direction N. Type Barn
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

18. Elevation: 70'
Topography:
__ Hill
__ Slope
__ Upland
X 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.
Business name Harpers Drlg Serv. License No. 176
Address Blue Rapids Ks. 66411
Signed C. E. Harper Date 5-14-80
Authorized representative

T 4 S R 5 E/W Sec 36 1/4 NE 1/4 NW 1/4 SE

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

Form WWC-5

MI-1023