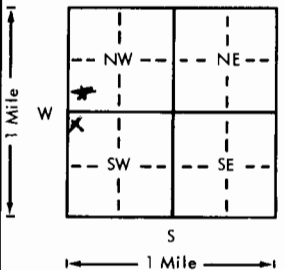


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Marshall</u> Fraction <u>N 1/4 NW 1/4 SW 1/4</u> Section number <u>20</u> Township number <u>T 4 S 5 R 6 E</u> Range number <u>E/W</u>																																								
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: <u>West of Waterville 3 1/2</u> Street address of well location if in city: _____ City, state, zip code: <u>Waterville, KS 66548</u>																																								
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Bore hole dia. <u>8</u> in. Completion date <u>3-14-79</u> <input checked="" type="checkbox"/> Well depth <u>120</u> ft. </div> </div>																																								
7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary																																								
8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other																																								
<input checked="" type="checkbox"/> Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>120</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>200</u>																																								
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Limestone + shale</u></td> <td><u>0</u></td> <td><u>14</u></td> </tr> <tr> <td><u>shale yellow + Brown</u></td> <td><u>14</u></td> <td><u>29</u></td> </tr> <tr> <td><u>Rock Limestone</u></td> <td><u>29</u></td> <td><u>38</u></td> </tr> <tr> <td><u>shale Blue + Limestone</u></td> <td><u>38</u></td> <td><u>67</u></td> </tr> <tr> <td><u>Rock flint</u></td> <td><u>67</u></td> <td><u>67 1/2</u></td> </tr> <tr> <td><u>shale Gray</u></td> <td><u>67 1/2</u></td> <td><u>70</u></td> </tr> <tr> <td><u>Rock limestone + flint</u></td> <td><u>70</u></td> <td><u>74</u></td> </tr> <tr> <td><u>shale</u></td> <td><u>74</u></td> <td><u>76</u></td> </tr> <tr> <td><u>Limestone</u></td> <td><u>76</u></td> <td><u>88</u></td> </tr> <tr> <td><u>gray silt + Limestone</u></td> <td><u>88</u></td> <td><u>99</u></td> </tr> <tr> <td><u>shale Brown</u></td> <td><u>99</u></td> <td><u>111</u></td> </tr> <tr> <td><u>shale Gray</u></td> <td><u>111</u></td> <td><u>120</u></td> </tr> </tbody> </table>			From	To	<u>Limestone + shale</u>	<u>0</u>	<u>14</u>	<u>shale yellow + Brown</u>	<u>14</u>	<u>29</u>	<u>Rock Limestone</u>	<u>29</u>	<u>38</u>	<u>shale Blue + Limestone</u>	<u>38</u>	<u>67</u>	<u>Rock flint</u>	<u>67</u>	<u>67 1/2</u>	<u>shale Gray</u>	<u>67 1/2</u>	<u>70</u>	<u>Rock limestone + flint</u>	<u>70</u>	<u>74</u>	<u>shale</u>	<u>74</u>	<u>76</u>	<u>Limestone</u>	<u>76</u>	<u>88</u>	<u>gray silt + Limestone</u>	<u>88</u>	<u>99</u>	<u>shale Brown</u>	<u>99</u>	<u>111</u>	<u>shale Gray</u>	<u>111</u>	<u>120</u>
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<input checked="" type="checkbox"/> Screen: Manufacturer's name <u>Plastic</u> <u>NSF Approved # 200</u> Type <u>Plastic</u> Dia. <input checked="" type="checkbox"/> 5 in. Slot/gauze <u>0.60</u> Length <u>28</u> Set between <u>28</u> ft. and <u>48</u> ft. Gravel pack? <input checked="" type="checkbox"/> <u>Yes</u> Size range of material <u>wellhead</u>																																								
11. Static water level: _____ mo./day/yr. <u>43</u> ft. below land surface Date <u>3-14-79</u>																																								
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																																								
<input checked="" type="checkbox"/> Well head completion: <u>capped</u> <input type="checkbox"/> Pitless adapter _____ Inches above grade																																								
15. Well grouted? <u>yes</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>20</u> ft.																																								
16. Nearest source of possible contamination: <u>home</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																								
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																																								
(Use a second sheet if needed)																																								
18. Elevation:	19. Remarks:																																							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>Blue Valley Drilling 2340</u> Business name _____ License No. _____ Address <u>Blue Rapids, Mo 66411</u> Signed <u>Severin Thaler</u> Date <u>5-11-79</u> Authorized representative																																							

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

Form WWC-5

4-6E
 Sec 20
 N 1/4 NW 1/4 SW 1/4