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

WATER WELL RECORD
KSA 82a-1201-1215

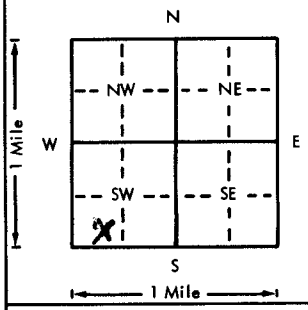
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Marshall	SE 1/4 SW 1/4 SW 1/4	20	T 4 S	R 7 (E) W

2. Distance and direction from nearest town or city: RR.2 In City Blue Rapids Ks
Street address of well location if in city:

3. Owner of well: Archie Owens
R.R. or street:
City, state, zip code: Blue Rapids Ks. 66411

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 10 in. Completion date _____
Well depth 52 ft. 7-30-76

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

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

9. Casing: Material Steel Height: (Above) or below
Threaded X Welded ____ Surface 12 in.
RMP ____ PVC ____ Weight 19 lbs./ft.
Dia. 7 in. to 52 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 5/16"

5. Type and color of material	From	To
Clay Brown	0	25
" " Sandy	25	40'
Glacer Gravel	40	50
Shale Blue	50	52

(Use a second sheet if needed)

10. Screen: Manufacturer's name Slot By Driller
Type Steel Dia. 7"
Slot/gauze 1/4" Length 10'
Set between 42 ft. and 52 ft.
____ ft. and ____ ft.
Gravel pack? Yes Size range of material 1/8 - 1/2

11. Static water level: mo./day/yr.
26 ft. below land surface Date 7-30-76

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? NO
With: ____ Neat cement ____ Bentonite ____ Concrete
Depth: From X ft. to X ft.

16. Nearest source of possible contamination: Road
ft. 60' Direction S Type ditch
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:

Topography:
__ Hill
__ Slope
__ Upland
X Valley

19. Remarks:
Cement Slab Poured
Law does not require Grouting on an Irrigation Well

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.
Harper Drlg. Service 176
Business name License No.
Address Blue Rapids Ks.
Signed E. Harper Date 7-30-76
Authorized representative

T 4 — R 7 (E) W — Sec 20 — 1/4 SE 1/4 SW 1/4

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

Form WWC-5

M1-1023