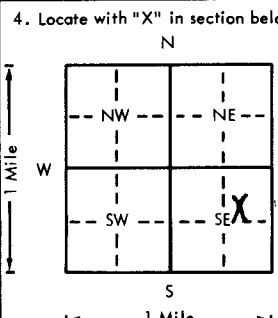


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 820-1201-1215

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

1. Location of well: County Marshall Fraction SW 1/4 NE 1/4 SE 1/4 Section number 32 Township number T 4 S R 7 E/W Range number 7	
2. Distance and direction from nearest town or city: 1 MS NE of Blue Rapids Ks. Street address of well location if in city: _____	
3. Owner of well: John E. Stryker R.R. street : 1 City, state, zip code: Blue Rapids Ks 66411	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material Estimated Log	
	From To
Top Soil Black	0 3'
Clay Brown	3 30
Lime Rock White	30 40'
(Use a second sheet if needed)	
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. Harpers Drlg Service 176 Business name Blue Rapids Ks License No. _____ Address C E Harper Date 4-22-78 Signed C E Harper Authorized representative

6. Bore hole dia. 8 in. Completion date 4-22-78 Well depth 40 ft.
7. <input checked="" type="checkbox"/> Cable tool <input 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
9. Casing: Material PVC Height: Above or below _____ Threaded <input type="checkbox"/> Welded Blue Surface 20 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 40 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 _____ Length 10' Set between #6 30 ft. and 40 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 1/2 - 1/4"
11. Static water level: _____ mo./day/yr. 27 ft. below land surface Date 4-22-78
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 5 ft. to 15 ft.
16. Nearest source of possible contamination: ft. 75 Direction NE Type Stock Ponds Well disinfected upon completion? <input 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

T 4 R 7 W E 32 SW NE SE 1/4 1/4 1/4

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

Form WWC-5