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

WATER WELL RECORD
KSA 82a-1201-1215

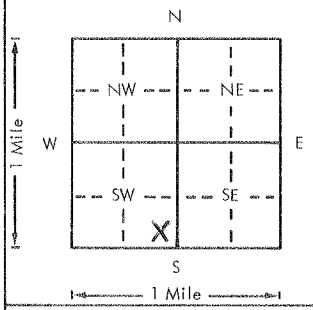
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Marshall	SE 1/4 SE 1/4 SW 1/4	19	T 4 S	R 9 E/W

2. Distance and direction from nearest town or city: 1MW-1MS of Frankfort Ks.
Street address of well location if in city:

3. Owner of well: I.D. Beran
~~R.R.~~ or street: 208 Ceymarie Circle
City, state, zip code: Wichita, Kans, 67209

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 5 in. Completion date ____
Well depth 50 ft. 7-24-80

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 PlST. Height: Above ~~or below~~
Threaded ____ Welded Glue Surface 36 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 5 in. to 50 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. Sch 40

5. Type and color of material	From	To
Clay Brown	0	23
" "	23	35
Sand Fine	35	45
Gravel Coars	45	50
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Pumpco
Type PVC Dia. 5"
Slot/gauze 1/16 Length 20
Set between 30 ft. and 50 ft.
____ ft. and ____ ft.
Gravel pack? Yes Size range of material 1/8-1/2

11. Static water level: mo./day/yr.
17 ft. below land surface Date 7-24-80

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 0 ft. to 10 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

18. Elevation:

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.
Harpers Drlg. Serv. 176
Business name License No.
Address Blue Rapids Ks
Signed L. E. Harper 7-24-80 Date
Authorized representative

T 4 R 9 E/W Sec 19 SE SE SW 1/4 1/4 1/4

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

Form WWC-5

MI-1023