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

WATER WELL RECORD
KSA 82a-1201-1215

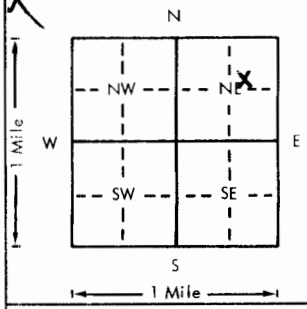
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Riley	Fraction: SW 1/4 ~~NW~~ NE 1/4 NE 1/4	Section number: Sec 4	Township number: T 8 (S)	Range number: R 5 E/W

2. Distance and direction from nearest town or city: 4N-1W-1N.-¼W of Green Kans
Street address of well location if in city:

3. Owner of well: MAX Larson
R.R. ~~or street~~:
City, state, zip code: Green KANS.

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8 in. Completion date 4-9-79
Well depth 128 ft.

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

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

9. Casing: Material PlST Height: Above ~~or below~~
Threaded ___ Welded Glue Surface 24 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 5 in. to 128 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. Sch 40

5. Type and color of material	From	To
Top Soil - Black	0	1
Lime Rock White	1	5
Clay Yellow	5	20
" Red	20	41
Lime Rock White	41	56
Clay White	56	66
" Yellow	66	76
Shale Brown	76	106
Lime Rock Yellow	106	126
Shale Blue	126	128

(Use a second sheet if needed)

10. Screen: Manufacturer's name Pumpco
Type PVC Dia. 5"
Slot/gauze 1/16 Length 20'
Set between 108 ft. and 128 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material ⅛-½

11. Static water level: mo./day/yr.
61 ft. below land surface Date 4-9-79

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: X Neat cement ___ Bentonite ___ Cancrete
Depth: From 5 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 70' 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

T 8 R 5 W Sec 4 1/4 1/4 1/4 SW NE

18. Elevation:

Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks: Cement to be Poured by owner
4'X 4'X 4" Thick

Max F. Larson

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. X176
Address Blue Rapids Ks.
Signed O. E. Harper Date 4-9-79
Authorized representative

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

Form WWC-5

MI-1023