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

WATER WELL RECORD
KSA 82a-1201-1215

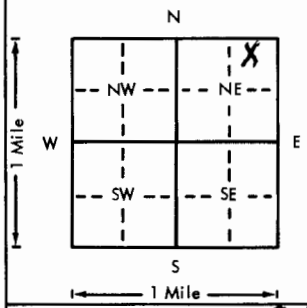
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Riley	Fraction: NE 1/4 NE 1/4 NE 1/4	Section number: 17	Township number: T 8 S	Range number: R 6 E ~~W~~

2. Distance and direction from nearest town or city: 4 - E - of Leonardville Ks.
Street address of well location if in city:

3. Owner of well: Paul Rasmussen
R.R. ~~or street~~:
City, state, zip code: Randolph Ks.

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8 in. Completion date 8-26-77
Well depth 73 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 Pl. St. Height: Above ~~or below~~
Threaded ___ Welded Glue Surface 12 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 5 in. to 73 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. Sch 40

5. Type and color of material: Clean Out & Recase

Material	From	To
Clay Brown	0	60
Lime Rock	60	70
Shale Blue	70	73

(Use a second sheet if needed)

10. Screen: Manufacturer's name Slot By Driller
Type PVC Dia. 5"
Slot/gauze 16 Length 30'
Set between 43 ft. and 73 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/8 - 1/4

11. Static water level: mo./day/yr.
24 ft. below land surface Date 8-26-77

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 __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: Cattle Shed
ft. 100' Direction NE Type
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 6 E W Sec 17 NE NE NE 1/4 1/4 1/4

18. Elevation:

Topography:
__ Hill
__ Slope
X Upland
__ Valley

19. Remarks: Cement Slab Poured By Owner

Paul Rasmussen

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.
Hayes Drilling Serv. 176
Business name License No.
Address Blue Rapids Ks.
Signed [illegible] Date 8-26-77
Authorized representative

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

Form WWC-5

MI-1023