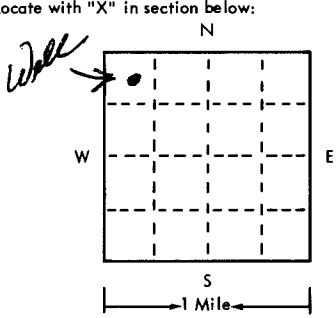


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County McPHARSON	Township name UNION	Fraction C NW 1/4	Section number 31	Town number T17S	Range number R-4-W	
Distance and direction from nearest town or city: 2 1/2 mile south east of Marquette, KS			3 Owner of well: LYDOR ERICSON				
Street address of well location if in city:			Address: RR 1 MARQUETTE, KANS				
Locate with "X" in section below: 			Sketch map:			4 Well depth: 70 ft. Date of completion 1-5-75 Well diameter 32 in.	
2 Type and color of material			From		To		
			SILTY CLAYS		0 6		
			DARK CLAYS		6 31		
			FINE TO MED. SANDS		31 36		
			GRAVEL - LOOSE MEDIUM TO COARSE		36 66		
			BLUE SHALE		66 70		
			VERY GOOD WATER LOSS IN GRAVEL FORMATION				
					5 <input 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 checked="" type="checkbox"/> Reverse rotary		
					6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
					7 Casing: Material TRANSITE Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. _____ Weight 20 lbs./ft. _____ 16 in. to 20 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
					8 Screen: Manufacturer AURORA TILE CO. Type TRANSITE Dia. 16" 1.0 Slot gauge 1/8" Length 26 ft Set between 44 ft. and 70 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4"		
					9 Static water level: 18 ft. below land surface Date 1-7-75		
					10 Pumping level below land surfaces: 54 ft. after 2 hrs. pumping 1000 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1200 g.p.m.		
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
					12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Put mud clay Depth: From 0 ft. to 15 ft.		
					14 Nearest source of possible contamination: ft None Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name WESTERN LAND REVENUE Model number 8 m HP 30 Volts 480 Length of drop pipe 66 ft. capacity 1000 g.m.p. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
16 Remarks: elevation FLAT GROUND					17 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. Peterson Bros 920.1384 Business name License No. _____ Address Box 150 Lindbergh, Kans Signed Walter Peterson Date 1-25-75 Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5