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

WATER WELL RECORD
KSA 82a-1201-1215

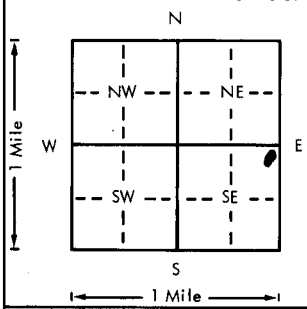
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Smith	NE 1/4 NE 1/4 SE 1/4	35	T 3 S	R 14 E/W

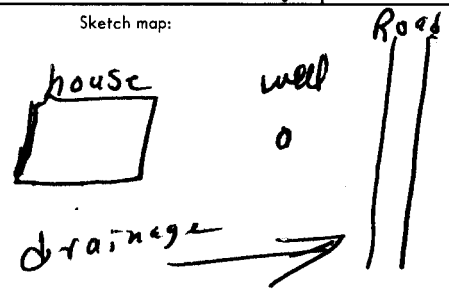
2. Distance and direction from nearest town or city: 4 W 1½ S of
Street address of well location if in city: Smith Center KS

3. Owner of well: D. B. Goodman
R.R. or street:
City, state, zip code: Athol KS

4. Locate with "X" in section below:



Sketch map:



5. Type and color of material	From	To
Top Soil & Clay	0	35
Sand & broken rocks	35	50
Shale	50	60

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 6-8-79
Well depth 60 ft.

7. ___ Cable tool X 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 PVC Height: Above or below
Threaded ___ Welded ___ Surface 14 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .265

10. Screw: Manufacturer's name Jet Stream
Type Slotted PVC Dia. 5
Slot/gauze .0030 Length 10'
Set between 43 ft. and 53 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material fine - 3/8

11. Static water level: mo./day/yr.
45 ft. below land surface Date 6-8-79

12. Pumping level below land surfaces:
47 ft. after 1 hrs. pumping 10 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion:
___ Pitless adapter 14 Inches above grade

15. Well grouted? yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 5 ft. to 18 ft.

16. Nearest source of possible contamination:
ft. 50 Direction E Type ditch
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 3 R 14 E/W Sec 35 1/4 NE NE SE

18. Elevation:

Topography:
___ Hill
___ Slope
X Upland
___ 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.
MARUHN Well Drilling 165
Business name License No.
Address Red Cloud Ne
Signed Leroy Maruhn Date 6-23-79
Authorized representative

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

Form WWC-5