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

WATER WELL RECORD
KSA 82a-1201-1215

ADA

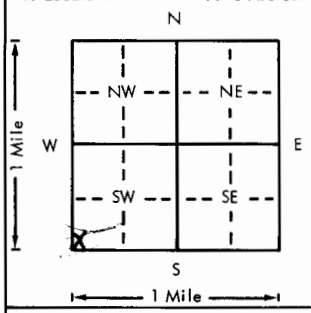
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Shawnee	~~NE~~ 1/4 ~~SE~~ 1/4 ~~NE~~ 1/4 (NE SE NE)	10	T 11 S	R 15 (E) W

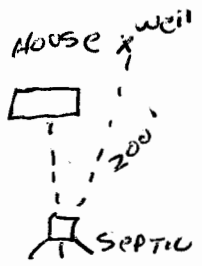
2. Distance and direction from nearest town or city: 4141 N.W 37th
Street address of well location if in city: Topeka, Ks.

3. Owner of well: Rod Graber
R.R. or street: 3617 N.W. Brickyard Rd
City, state, zip code: Topeka, Ks

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 10 in. Completion date
Well depth 80 ft. 5-2-77

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

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

9. Casing: Material PVC Height: (Above) or below
Threaded ___ Welded ___ Surface 24 in.
RMP ___ PVC 9L Weight 2.58 lbs./ft.
Dia. 5 in. to 80 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ~~SDR~~ 258

5. Type and color of material	From	To
Top Soil	0	4
Clay, Brown	4	60
Fine Sand	60	65
Pea gravel	65	74
Shale, gray	74	80
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Pumpco
Type PVC Dia. 5
(Slot) gauze .020 Length 10
Set between 65 ft. and 75 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material .030x.060

11. Static water level: mo./day/yr.
60 ft. below land surface Date 5-2-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ 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 ✓ No Date

14. Well head completion: CAP
___ Pitless adapter 24 Inches above grade

15. Well grouted? ✓
With: ✓ Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 200 Direction S Type Septic
Well disinfected upon completion? ✓ Yes ___ No

17. Pump: ✓ 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 11 R 15 (E) W Sec 3 1/4 SWSWSW 1/4 1/4

18. Elevation: 944 ft
Topography:
✓ Hill
___ Slope
___ Upland
___ Valley

19. Remarks:
Owner to instal slab

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.
Strader Drlg Co Inc. 182
Business name License No.
Address RT 1 Holton, Ks
Signed Dale Ashburn Date 5-3-77
Authorized representative

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

Form WWC-5