USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, EW PRINT CLEARLY. Kansas State Dept. Of Health WATER WELL RECORD (Water Well Contractors) KSA 82a-1201-1215 Forbes-Bldg. 740 Topeka, Kansas 66620 Township name Section number Town number Range <u>n</u>umber 1 Location of well: Distance and direction from nearest town or city: 3 Owner of well: Salsburyk Jim Aubur Street address of well location if in city: Address: 3326 West Wood Drive 4 Well depth: 33 ft. Date of completion Locate with "X" in section below: Sketch map: Well diameter 10 in. 5 🛣 Cable tool 🗌 Rotary 🔲 Driven 🔲 Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary 6 Use: Domestic Public supply Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial Test well 7 Casing: Material PVC Height: -above/below Threaded Welded Surface 56 in.

Diam. Weight 200 bs./ft. From Type and color of material 8 Screen: Manufacturer _ Medern Top Soil 0 1 Type PVC 6 Wellow Clay Set between 18 ft. and 33 ft. Fittings: 6 20 Brown Clay with fine sand Gravel pack 🗓 Yes 🗌 No Size range of material 🚄 9 Static water level: 20 29 Brown Clay and Gravel 15 ft. below land surface Date . 10 Pumping level below land surfaces: 29 Sand Stone ____ ft. after ____ hrs. pumping _ 32 Lime Rock 11 Water sample submitted: No Date . ☐ Yes 12 Well head completion: Pitless adapter Inches above grade 13 Well grouted? X Yes Neat cement Bentonite — — Depth: From 3 ft. to 13 ft. 14 Nearest source of possible contamination: ft. __30_ Direction __East____ Type __Stre Well disinfected upon completion? 🔽 Yes Not installed 15 Pump: Manufacturer's name _ Model number ____ Length of drop pipe -_ ft. capacity ____ g.m.p Type: ☐ Turbine Submersible ___ Jet Reciprocating Certrifugal Other . (use a second sheet if needed) 17 Water well contractor's certification: 16 Remarks: elevation This well was drilled under my jurisdiction and this Concrete slab to be installed report is true to the best of my knowledge and belief. by customer at surface of ground He knows this is a regulation. ☐ Hill Slope anottel women Upland Authorized representative Valley

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

Form WWC-5