

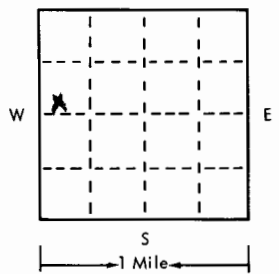
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

BCC

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<br><b>Shawnee</b> | Township name<br><b>Auburn</b> | Fraction<br><b>SW 1/4 SW 1/4 NW 1/4</b> | Section number<br><b>26</b>   | Town number<br><b>T13S</b>  | Range number<br><b>R14E</b>  |    |  |
| Distance and direction from nearest town or city:<br>Street address of well location if in city:  |                          |                                |   | 3 Owner of well:<br><b>Sage, Marvin</b><br>Address: <b>RFD. Auburn, Ks.</b> |   |  |    |  |
| Locate with "X" in section below:<br>N<br><br>W X E<br>S<br>1 Mile |                          |                                | Sketch map:                             |   |   | 4 Well depth: <u>62</u> ft. Date of completion <u>4/22/75</u><br>Well diameter <u>10</u> in. |    |  |
| 2<br>Type and color of material   |                          |                                | From                                    |   | To  |  |    |  |
|   |                          |                                | Top Soil                                |   | 0   |  | 1  |  |
|   |                          |                                | Yellow Clay                             |   | 1   |  | 10 |  |
|   |                          |                                | Yellow Clay with Gravel                 |   | 10  |  | 12 |  |
|   |                          |                                | Sand Rock and Shale                     |   | 12  |  | 21 |  |
|   |                          |                                | Blue Shale                              |   | 21  |  | 31 |  |
|   |                          |                                | Blue Lime                               |   | 31  |  | 34 |  |
|   |                          |                                | Blue Shale                              |   | 34  |  | 36 |  |
|   |                          |                                | White Lime                              |   | 36  |  | 54 |  |
|   |                          |                                | Black Shale                             |   | 54  |  | 58 |  |
| White Lime  |                          | 58                             |   | 62  |   |  |    |  |
|   |                          |                                |   |   | 8 Screen:<br>Manufacturer <u>Modern</u><br>Type <u>PVC</u> Dia. <u>5"</u><br>Slot/gauze <u>1/4"</u> Length <u>20</u><br>Set between <u>40</u> ft. and <u>60</u> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/4</u>   |  |    |  |
|   |                          |                                |   |   | 9 Static water level:<br><u>3</u> ft. below land surface Date <u>4/22/75</u>  |  |    |  |
|   |                          |                                |   |   | 10 Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield <u>1</u> g.p.m.  |  |    |  |
|   |                          |                                |   |   | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |  |    |  |
|   |                          |                                |   |   | 12 Well head completion:<br><input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade   |  |    |  |
|   |                          |                                |   |   | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____<br>Depth: From <u>3</u> ft. to <u>10</u> ft.  |  |    |  |
|   |                          |                                |   |   | 14 Nearest source of possible contamination:<br>ft. <u>20</u> Direction <u>n.e.</u> Type <u>pond</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |    |  |
|   |                          |                                |   |   | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |    |  |
| 16 Remarks: elevation<br><u>1090?</u><br>Customer will install Slab<br>from map well 1085   |                          |                                |   |   | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Cummings Drilling 148</u><br>Business name _____ License No. _____<br>Address <u>RR 10</u><br>Signed <u>Sheldon Cummings</u> Date <u>5/13/75</u><br>Authorized representative  |  |    |  |

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

Form WWC-5

BR = 1088

D = 1097