

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

WATER WELL RECORD  
KSA 82a-1201-1215

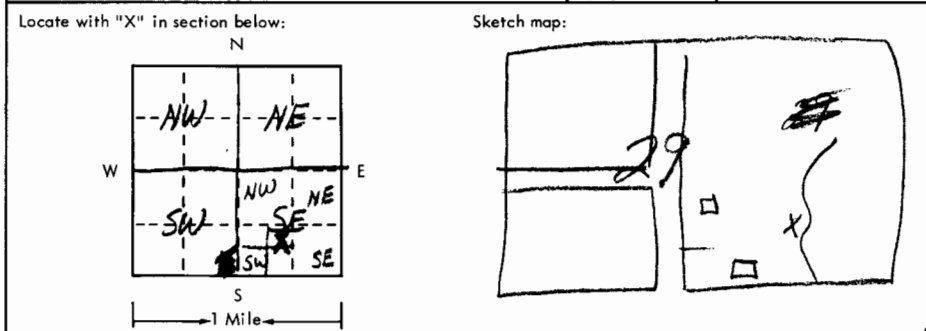
T R EW sec 1/4 1/4 1/4 No.

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

*NESWSE*

1 Location of well: County **Shawnee** Township name \_\_\_\_\_ Fraction ~~NW 1/4~~ **SE 1/4** Section number **29** Town number **T13S** Range number **R14E**

Distance and direction from nearest town or city: **3.5W Auburn**  
Street address of well location if in city: **+ 1.75S E side Road.**  
3 Owner of well: **Dal, Eleanor**  
Address: **Rfd. Auburn, Ks.**



2	Type and color of material	From	To
	Top Soil	0	5
	Yellow Clay	5	15
	Clay, Gravel, and Sand	15	18
	Rock--Yellow Lime	18	21
	Gray Shale	21	26
	Sandy Lime	26	28
	Gray Shale	28	34
	Rock	34	35
	<b>Total: 35 Feet</b>		

4 Well depth: **35** ft. Date of completion **3/2/75**  
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 **Steel** Height: **above** below  
Threaded  Welded  Surface **43** in.  
Diam. **6** Weight **13** lbs./ft.  
**60** in. to **18** ft. depth Drive shoe?  Yes  No  
**5** in. to **35** ft. depth!

8 Screen: **PVC Pumpco**  
Manufacturer **1/4" pipe** Dia. **5**  
Type **1/4" pipe** Dia. **5**  
Slot/gauze **1/4"** Length **3 feet**  
Set between **18** ft. and **15** ft.  
Fittings:  
Gravel pack  Yes  No Size range of material **1/2"**

9 Static water level:  
**4** ft. below land surface Date **3/2/75**

10 Pumping level below land surfaces:  
**10** ft. after **1** hrs. pumping **15** g.p.m.  
**10** ft. after **2** hrs. pumping **12** g.p.m.  
Estimated maximum yield **12** g.p.m.

11 Water sample submitted:  
 Yes  No Date \_\_\_\_\_

12 Well head completion:  
 Pitless adapter  Inches above grade

13 Well grouted?  Yes  No  
 Neat cement  Bentonite   
Depth: From **3** ft. to **13** ft.

14 Nearest source of possible contamination:  
ft. **60** Direction **se** Type **pond**  
Well disinfected upon completion?  Yes  No

15 Pump:  Not installed  
Manufacturer's name **Gould**  
Model number **7EH** HP **1/3** Volts **230**  
Length of drop pipe **25** ft. capacity **7** g.m.p.  
Type:  
 Submersible  Turbine  
 Jet  Reciprocating  
 Centrifugal  Other

16 Remarks: elevation **1105**  
**18 Ft. Steel Pipe; 23 Ft. PVC 5" Slotted Perferated Interliner**  
Topography:  
 Hill  Slope  Upland  Valley  
**Slopes to the North**

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.  
**Cummings Drilling 148**  
Business name \_\_\_\_\_ License No. \_\_\_\_\_  
Address **Topeka**  
Signature **Jeanette Cummings** Date **3/7/75**  
Authorized representative

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

Form WWC-5

BR=1087  $\frac{1}{2} = 1101$