		/	·
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY. ACD	V		T R EW sec 1/4 1/4 1/4 No.
WATER WELL RECC SSA 820-1201-12		Į.V	Kansas State Dept. Of Health (Woter Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620
1 Location of well: Shaw u.E.E. Aurhury	Section	n number	Range number Range number R30 T135 R14E
,	ner of well	St RFD	owe, Larry Auburn, K s
Locate with "X" in section below: Sketch map:			4 Well depth: 4 Telepth ft. Date of completion 317 Well diameter 10 in.
SE SE NE			5 Cable tool Rotary Driven Dug
W			6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial
i			7 Casing: Material PVC Height: above below Threaded Welded Syrface in. Diam. 5 Weight 1bs./ft.
2	1		in. to ft. depth Drive shoe? \[Yes \] No in. to ft. depth!
Type and color of material	From	То	8 Screen: Pump Co
Top soil	0	_3	Type 2005 pe Cil Dia. 5" Slot) gauze VII Length 20'
Yellow Clay	3	_6	Set between 42 ft. and 62 ft.
Sand Rock	6	21	Gravel pack Yes No Size range of material
Break in the Sand Rock	21	21.	9 Static water level: 5 4 ft. below land surface Date 3/13/75
Sand Rock	21.5	51	10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m.
Gray Shale	51	62	ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.
Rock Lime	62		11 Water sample submitted:
			Yes No Date
Total Depth: 62 Feet			12 Well head completion: Inches above grade 13 Well grouted? Yes
			Neat cement Bentonite Depth: From 15 ft. to 13 ft.
			14 Nearest source of possible contamination: ft
Slab to be installed by customer			Well disinfected upon completion? XYes No
			15 Pump: Manufacturer's name Gould
			Model number 16 H HP 23 Volts 230 Length of drop pipe 6 3 ft. capacity 7 g.m.p.
			Type:
(use a second sheet if needed)			Jet Reciprocating Other
16 Remarks: elevation / // 4 FT. Perforations: 20' to 24"Ft. Topography: Hill Slope 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. Business name Office Acceptable Acc
X Slope Slope to the North □ Upland X Valley			Signed Authorized representative Date

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

BR = 1112

Z = 1114