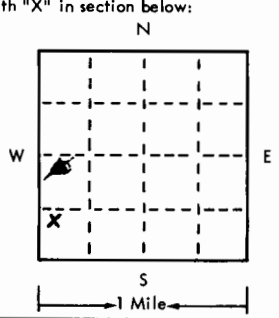


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

21 2E 26 W S SW
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County <u>MARION</u>	Township name	Fraction <u>NW 34-54</u>	Section number <u>26</u>	Town number <u>215</u>	Range number <u>2E</u>
Distance and direction from nearest town or city: <u>5 SW 4W 1/4 N of Peabody.</u>				3 Owner of well: <u>HARRY Unger</u> Address: <u>RR # 2 Box 71 Peabody, KS. 66866</u>		
Locate with "X" in section below: 				Sketch map:		
2 Type and color of material				From	To	4 Well depth: <u>71</u> ft. Date of completion <u>8-21-75</u> Well diameter <u>7"</u> in. to <u>9"</u>
<u>BLACK TOP SOIL</u>				<u>Top</u>	<u>2</u>	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
<u>GRAY DIET</u>				<u>2</u>	<u>4</u>	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <u>STAIL</u>
<u>RED DIET</u>				<u>4</u>	<u>5</u>	7 Casing: Material <u>RMT</u> Height <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. Diam. <u>5</u> in. to <u>71</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u>71</u> ft. depth
<u>BLUE SHALE</u>				<u>5</u>	<u>20</u>	8 Screen: Manufacturer <u>SURFLOWER</u> Type <u>RMP</u> Dia. <u>5"</u> <u>Slot</u> gauze <u>3/32</u> Length <u>35 feet</u> Set between <u>30</u> ft. and <u>65</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4-1/2</u>
<u>CREEK BOTTOM</u>				<u>20</u>	<u>32</u>	9 Static water level: <u>22</u> ft. below land surface Date <u>8-21-75</u>
<u>BLUE SHALE</u>				<u>32</u>	<u>42</u>	10 Pumping level below land surfaces: <u>24</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>10</u> g.p.m.
<u>WHITE LIMESTONE</u>				<u>42</u>	<u>46</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>
<u>BLUE SHALE</u>				<u>46</u>	<u>71</u>	12 Well head completion: <u>18"</u> <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
(use a second sheet if needed)				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>SEE FOOTNOTE</u> <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u> </u> ft. to <u> </u> ft.		
				14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>WEST</u> Type <u>DRAW</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				16 Remarks: elevation <u>(B) Excavated 4' square - 4' deep - poured 12" of concrete 4' square and 3' below around casing.</u>		
				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. <u>FRANK BUDDE</u> <u>2214</u> Business name <u> </u> License No. <u> </u> Address <u>RR # 4, NEWTON, KS.</u> Signed <u>Frank Budde</u> Date <u>8-21-75</u> Authorized representative		

21 2E 26 NW SW SW

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

Form WWC-5