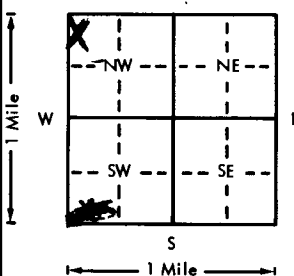


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

<input checked="" type="checkbox"/> Location of well:	County: <u>Marion</u>	Fraction: <u>N 1/4 W 1/4 W 1/4</u>	Section number: <u>7</u>	Township number: T <u>21</u> S R	Range number: <u>2</u> <u>EN</u>														
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: <u>4 E</u> Street address of well location if in city: <u>Gorse 1</u>			3. Owner of well: <u>Hugo Butler</u> R.R. or street: <u>BR 2</u> City, state, zip code: <u>Hillsboro, Mo.</u>																
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>6</u> in. Completion date <u>5-14-76</u> Well depth <u>67</u> ft.																
5. Type and color of material			7. <input checked="" type="checkbox"/> Cable tool <input 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																
			8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">From</th> <th style="width:50%;">To</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>2</u></td> </tr> <tr> <td><u>2</u></td> <td><u>22</u></td> </tr> <tr> <td><u>22</u></td> <td></td> </tr> <tr> <td><u>22</u></td> <td><u>52</u></td> </tr> <tr> <td><u>52</u></td> <td></td> </tr> <tr> <td><u>52</u></td> <td><u>67</u></td> </tr> </tbody> </table>			From	To	<u>0</u>	<u>2</u>	<u>2</u>	<u>22</u>	<u>22</u>		<u>22</u>	<u>52</u>	<u>52</u>		<u>52</u>	<u>67</u>	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>64.40</u> lbs./ft. Dia. <u>5</u> in. to <u>67</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>1258</u>		
			From	To															
<u>0</u>	<u>2</u>																		
<u>2</u>	<u>22</u>																		
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<u>52</u>	<u>67</u>																		
(Use a second sheet if needed)			10. Screen: Manufacturer's name <u>D.K.M.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>50</u> Length <u>20</u> Set between <u>30</u> ft. and <u>90</u> ft. <u>50</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>																
			11. Static water level: <u>15</u> ft. below land surface Date <u>5-14-76</u> mo./day/yr.																
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.																
			13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date <u> </u>																
19. Remarks: <u>owner to run concrete slab around well. Pump not installed by my company.</u>			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade																
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.																
20. 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>Barckhus Drg. 180</u> Business name License No. Address <u>Jampa, Mo</u> Signed <u>Paul Barckhus</u> Date <u>5-29-76</u> Authorized representative			16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>E</u> Type <u>Pasture</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.p.m. 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																

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5