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

WATER WELL RECORD
KSA 82a-1201-1215

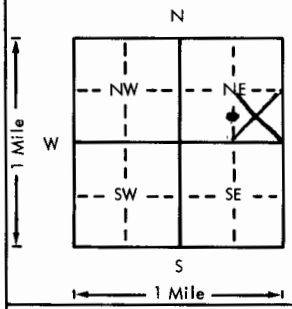
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Butler	Fraction: C of S1/2 of NE1/4 (1/4 1/4 1/4)	Section number: 18	Township number: T 23 S	Range number: R 4 (E) W

2. Distance and direction from nearest town or city: 17 mile East on 1ST & 1/2 N of Newton Kansas
Street address of well location if in city:

3. Owner of well: Steven Koehn
R.R. or street: R3
City, state, zip code: Newton Kansas

4. Locate with "X" in section below: Sketch map:



66 : R : W = off = House

6. Bore hole dia. 7 10 in. Completion date 3/13/76
Well depth 80 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material _____ Height: Above or below
Threaded ___ Welded X Surface 16 in.
RMP X PVC ___ Weight 200 lbs./ft.
Dia. 6 in. to 80 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 2/10

5. Type and color of material	From	To
Black Dirt	0	3
Red clay	3	6
Bule Shale	6	30
Linestone	30	31
Bule	31	60
Sandy gray clay	60	80

(Use a second sheet if needed)

10. Screen Manufacturer's name: Sunflower plastic pipe inc
Type RMP Dia. 6
Slot/gauze 32 Length 34
Set between 40 ft. and 74 ft.
ft. and ft.
Gravel pack? X Size range of material 1/8 in 1/4

11. Static water level: mo./day/yr.
40 ft. below land surface Date 3 20 76

12. Pumping level below land surfaces:
40 ft. after 55 hrs. pumping 10 g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield 10 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date 3 20 76

14. Well head completion:
__ Pitless adapter 16 Inches above grade

15. Well grouted? X
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 70 R Direction N-E Type old oil well
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name
Model number HP Volts
Length of drop pipe ft. capacity g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks:

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.
Frank Budde 221
Business name License No.
Address Newton Kansas
Signed Frank Budde Date 1/28/76
Authorized representative

T 23 R 4 E W Sec 18 1/4 1/4 1/4 1/4 CSPNE

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

Form WWC-5