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

WATER WELL RECORD
KSA 82a-1201-1215

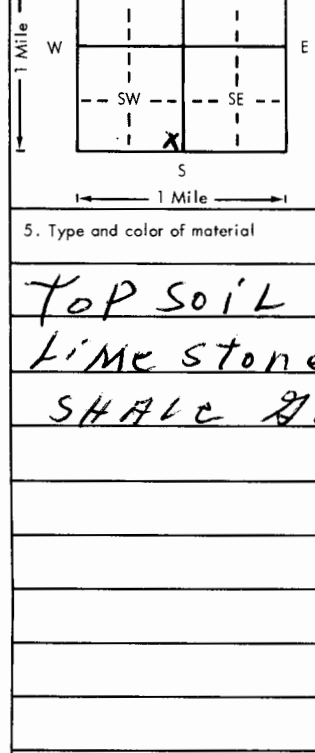
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Butler	Fraction: SW 1/4 SW 1/4 SW 1/4	Section number: 1	Township number: T 25 S	Range number: R 4 E (W)

2. Distance and direction from nearest town or city: 254 and 196 6 mo. 1/2 W.
Street address of well location if in city:

3. Owner of well: Dorm Williams
R.R. or street: RR 4
City, state, zip code: El Dorado, Ks 67042

Locate with "X" in section below:



Sketch map: septic Tank

5. Type and color of material	From	To
Top Soil	0	2
Lime stone White	2	36
Shale Gray	36	129

(Use a second sheet if needed)

6. Bore hole dia. 10 in. Completion date 1-5-79
Well depth 129 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 PVC Height: Above or below
Threaded ___ Welded ___ Surface 18 in.
RMP ___ PVC GL Weight ___ lbs./ft.
Dia. 5 in. to 119 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1258

10. Screen: Manufacturer's name M.P.I.
Type P.V.C Dia. 5
Slot gauze 25/1000 Length 10
Set between 119 ft. and 129 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 5/8

11. Static water level: mo./day/yr.
32 ft. below land surface Date 1-5-79

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

13. Water sample submitted: mo./day/yr.
___ Yes X No Date 1-5-79

14. Well head completion: CAP
___ Pitless adapter 18 Inches above grade

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

16. Nearest source of possible contamination:
ft. 140 Direction NO Type septic
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
___ Slope
X 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.
Prewit const 353
Business name License No.
Address Box 744
Signed Austin Prewit Date 1-5-79
Authorized representative

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

Form WWC-5