

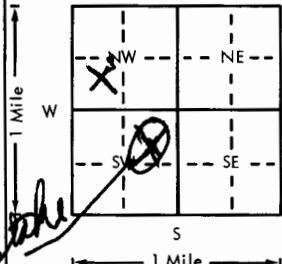
USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

# Plugging Report

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66202

NE 1/4 - SW 1/4 - NW 1/4

1. Location of well:	County <b>Butler</b>	Fraction <b>1/4</b>	1/4	1/4	Section number <b>35</b>	T <b>25</b>	S <b>5</b>	Range number <b>7 E</b>
2. Distance and direction from nearest town or city:	<b>1 mi N.W. of Rosalia, Ks.</b>				3. Owner of well: <b>Upper Walnut Water Head</b>			
Street address of well location if in city:					R.R. or street: <b>2435 W. Central</b>			
4. Locate with "X" in section below:	Sketch map: 				6. Bore hole dia. <b>6</b> in. Completion date <b>9-26-77</b> Well depth <b>50</b> ft.			
	<b>Plug with Neat Cement Upper Walnut Water Head Dist # 33</b>				7. <input 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
					9. Casing: Material <b>Steel</b> Height: Above or below Threaded <input type="checkbox"/> Welded Surface <b>50</b> in. RMP <b>PVC</b> Weight <b>10</b> lbs./ft. Dia. <b>6</b> in. to <b>50</b> ft. depth Wall Thickness: inches or Dia. <b>6</b> in. to <b>50</b> ft. depth Gage No.			
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____			
					11. Static water level: <b>4</b> ft. below land surface Date <b>9-26-77</b> mo./day/yr.			
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>2</b> g.p.m.			
					13. Water sample submitted: <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/> Date _____ mo./day/yr.			
					14. Well head completion: Pitless adapter _____ Inches above grade			
					15. Well grouted? <input type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>50</b> ft.			
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <b>Plug</b> <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
(Use a second sheet if needed)					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. <b>Prevost Contractors</b> Business name <b>Box 244</b> License No. <b>353</b> Address <b>2435 W. Central</b> Date <b>9-26-77</b> Signed <b>John Prevost</b> Authorized representative Date <b>9-26-77</b>			
18. Elevation:	19. Remarks:							
Topography:								
<input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley								