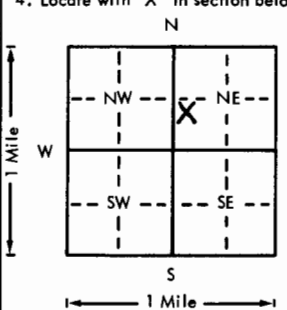


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <u>Butler</u>	Fraction <u>NW 1/4 SW 1/4 NE 1/4</u>	Section number <u>1</u>	Township number <u>T 27 S</u>	Range number <u>R 3 E</u>
2. Distance and direction from nearest town or city: <u>4W 4N</u>	3. Owner of well: <u>Frank Edwards</u>		date you finished well. <u>10/3/79</u>		
Street address of well location if in city: <u>of Augusta</u>	R.R. or street: <u>Route 1 Augusta</u>		City, state, zip code: <u>67010</u>		
4. Locate with "X" in section below:	Sketch map:		Bore hole dia. <u>8</u> in. Completion date <u>10/3/79</u>		
	<u>x well</u> <u>House</u> <u>x septic</u>		Well depth <u>100</u> ft.		
5. Type and color of material	From	To	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		
	<u>Soil</u>	<u>0</u>	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		
	<u>Rock</u>	<u>4</u>	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>100</u> lbs./ft. Dia. <u>6</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>6</u> in. to <u>100</u> ft. depth gage No. <u>175</u>		
	<u>when did the groundwater</u>	<u>20</u>	10. Screen: Manufacturer's name <u>San Flower</u>		
<u>come in at?</u>	<u>Clay</u>	<u>45</u>	Type <u>100</u> Dio. <u>5</u>		
	<u>Shale</u>	<u>45</u>	Slot/gauze <u>1/16</u> Length <u>20</u>		
	<u>Water</u>	<u>60</u>	Set between <u>75</u> ft. and <u>95</u> ft.		
	<u>Lime</u>	<u>60</u>	Gravel pack? <u>Yes</u> Size range of material <u>5/8</u>		
	<u>Shale</u>	<u>85</u>	11. Static water level: <u>40</u> ft. below land surface Date <u>10/3/79</u>		
			12. Pumping level below land surfaces: <u>Boiling</u>		
			<u>50</u> ft. after <u>10</u> hrs. pumping <u>20</u> g.p.m.		
			<u>50</u> ft. after <u>10</u> hrs. pumping <u>20</u> g.p.m.		
			Estimated maximum yield <u>20</u> g.p.m.		
			13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>10/3/79</u>		
			14. Well head completion: <u>Pitless adapter</u> <u>0</u> inches above grade		
			15. Well grouted? <u>Yes</u>		
			With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
			Depth: From <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: <u>Septic</u>		
			ft. <u>100</u> Direction <u>S</u> Type <u>Septic</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>251X</u>		
			Model number <u>251X</u> HP <u>1/2</u> Volts <u>115</u>		
			Length of drop pipe <u>25</u> ft. capacity <u>25</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		
18. Elevation:	19. Remarks: <u>Owner To Install</u> <u>Concrete Slab around</u> <u>signature? Well Head</u> <u>Owners Signature is on File</u>		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. Business name <u>251X</u> License No. <u>251X</u> Address <u>Box 30</u> Signed <u>Charles Winters</u> Date <u>10/3/79</u> Authorized representative		

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

Form WWC-5