

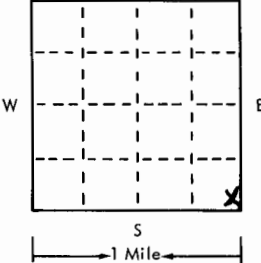
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SE SE SE

1 Location of well:	County <u>Butler</u>	Township name <u>Bruno</u>	Fraction <u>SE 1/4</u>	Section number <u>21</u>	Town number <u>T27S</u>	Range number <u>R3E</u>																							
Distance and direction from nearest town or city: <u>2 miles south</u> <u>2 miles east</u> <u>and over Kans</u>			3 Owner of well: <u>Charles Boucher</u> Address: <u>Route 1 Augusta Kans</u>																										
Locate with "X" in section below: N  W S 1 Mile			Sketch map:		4 Well depth: <u>120</u> ft. Date of completion <u>July 7, 1975</u> Well diameter <u>7</u> in.																								
2 Type and color of material <table border="1"><tr><td><u>yellow clay</u></td><td><u>0</u></td><td><u>20</u></td></tr><tr><td><u>grey lime</u></td><td><u>20</u></td><td><u>50</u></td></tr><tr><td><u>blue shale</u></td><td><u>50</u></td><td><u>70</u></td></tr><tr><td><u>grey lime</u></td><td><u>70</u></td><td><u>110</u></td></tr><tr><td><u>water</u></td><td><u>110</u></td><td></td></tr><tr><td><u>grey lime</u></td><td><u>110</u></td><td><u>120</u></td></tr><tr><td colspan="3"><u>owner will put on slab</u></td></tr><tr><td colspan="3">(use a second sheet if needed)</td></tr></table>			<u>yellow clay</u>	<u>0</u>	<u>20</u>	<u>grey lime</u>	<u>20</u>	<u>50</u>	<u>blue shale</u>	<u>50</u>	<u>70</u>	<u>grey lime</u>	<u>70</u>	<u>110</u>	<u>water</u>	<u>110</u>		<u>grey lime</u>	<u>110</u>	<u>120</u>	<u>owner will put on slab</u>			(use a second sheet if needed)			5 <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		6 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"/> Commercial <input type="checkbox"/> Test well
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			(use a second sheet if needed)																										
			7 Casing: Material <u>surface</u> Height: <u>12</u> in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>10</u> in. to <u>10</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>4</u> in. to <u>120</u> ft. depth		8 Screen: <u>Sunflower Plastic, Inc</u> Manufacturer <u>Wichita Kans</u> Type <u>R.m.P.</u> Dia. <u>6</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>100</u> ft. and <u>120</u> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material																								
9 Static water level: <u>80</u> ft. below land surface Date <u>July 17, 1975</u>		10 Pumping level below land surfaces: <u>80</u> ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20+</u> g.p.m.																											
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>14</u> inches above grade																											
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>10</u> ft. to <u>0</u> ft.		14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>north</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																											
15 Pump: Manufacturer's name <u>Goulds</u> Model number <u>7EH</u> HP <u>1/2</u> Volts <u>115</u> Length of drop pipe <u>10</u> ft. capacity <u>10</u> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley																											
17 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>Thurman White</u> Business name License No. <u>132</u> Address <u>Augusta, Mo</u> Signed <u>Thurman White</u> Date <u>July 17, 1975</u> Authorized representative																													

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5