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

WATER WELL RECORD
KSA 82a-1201-1215

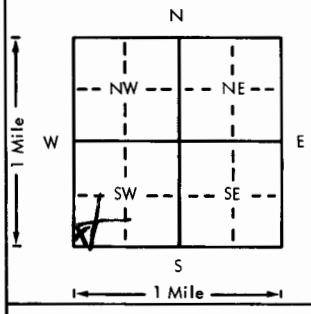
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Butler	SW 1/4 SW 1/4 SW 1/4	23	T 27 S	R 3 E/[redacted]

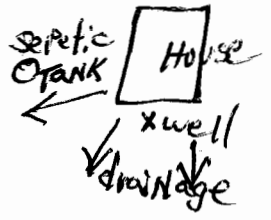
2. Distance and direction from nearest town or city: 5 Mi. W. of Augusta KS.
Street address of well location if in city:

3. Owner of well: Keith Meyer
R.R. or street: R3 Box 120K
City, state, zip code: AUGUSTA KS

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 9 in. Completion date 10-5-78
Well depth 70 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 PltS
Threaded ___ Welded glue
RMP X PVC ___
Dia. 5 in. to 70 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below Surface 16 in.
Weight ___ lbs./ft.
Wall Thickness: inches or gage No. .200

5. Type and color of material	From	To
Top Soil	0	1
clay brown	1	4
Limestone yellow	4	29
Shale Light gray green	29	33
clay green	33	34
clay Lavender	34	38
Shale Light gray	38	50
shale Light brown	50	55
Limestone yellow	55	70
(Use a second sheet if needed)		

10. Screen: Manufacturer's name SunFlower PltS Pipe Inc.
Type RMP Dia. 5
Slot/gauze 3/64 Length 10
Set between 60 ft. and 70 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/4 - 3/4

11. Static water level: mo./day/yr.
41 ft. below land surface Date 10-5-78

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

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

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

15. Well grouted? yes
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 14 ft. to 4 ft.

16. Nearest source of possible contamination:
ft. 5.5 Direction NW Type Sept.
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:
owner will Install concreet slab

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.
Braddy Water Wells 363
Business name License No.
Address R2 Box 217A Douglass KS
Signed Richard Braddy Date 10-6-78
Authorized representative

T 27 R 30 E W Sec 23 1/4 SW 1/4 SW 1/4 SW

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

Form WWC-5

MI-1023