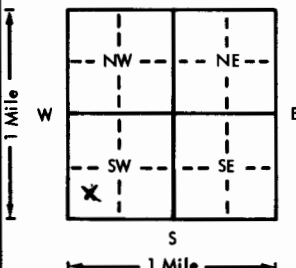


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Butler</b>	Fraction <b>C 1/4 SW 1/4</b>	Section number <b>24</b>	Township number <b>27</b>	Range number <b>3</b>	<b>EW</b>
2. Distance and direction from nearest town or city:		<b>4 W 1/4 N</b>		3. Owner of well: <b>Walter Meyer</b>			
Street address of well location if in city:		<b>Augusta</b>		R.R. or street: <b>Route 1</b>			
				City, state, zip code: <b>Augusta Kans 67010</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>10</b> in. Completion date <b>8-18-1976</b>			
				Well depth <b>100</b> 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			
				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			
				9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below			
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14</b> in.			
				RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>19</b> lbs./ft.			
				Dia. <b>6</b> in. to <b>100</b> ft. depth Wall Thickness: inches or			
				Dia. <b>6</b> in. to <b>100</b> ft. depth gage No. <b>175</b>			
				10. Screen: Manufacturer's name <b>FTL</b>			
				Type <b>RMP</b> Dia. <b>6</b> in.			
				Slot gauge <b>1/16</b> Length <b>20 ft</b>			
				Set between <b>80</b> ft. and <b>100</b> ft.			
				<b>80</b> ft. and <b>100</b> ft.			
				Gravel pack? <b>no</b> Size range of material			
				11. Static water level: <b>62</b> ft. below land surface Date <b>8-18-1976</b>			
				12. Pumping level below land surfaces:			
				<b>62</b> ft. after <b>0</b> hrs. pumping <b>0</b> g.p.m.			
				<b>62</b> ft. after <b>0</b> hrs. pumping <b>0</b> g.p.m.			
				Estimated maximum yield <b>20+</b> g.p.m.			
				13. Water sample submitted: <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date			
				14. Well head completion: <b>14</b> inches above grade			
				15. Well grouted? <b>yes</b>			
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete			
				Depth: From <b>0</b> ft. to <b>12</b> ft.			
				16. Nearest source of possible contamination: <b>200</b> ft. Direction <b>East</b> Type <b>Septic</b>			
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed			
				Manufacturer's name			
				Model number <b>HP</b> <b>Volts</b>			
				Length of drop pipe <b>ft.</b> capacity <b>g.p.m.</b>			
				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:		20. Water well contractor's certification:			
Topography:		<b>owner will put on slab</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
<input type="checkbox"/> Hill		<b>Keith J. Meyer</b>		<b>Wike Well Drilling</b> <b>122</b>			
<input type="checkbox"/> Slope				Business name <b>Route 3 Augusta Kans</b> License No.			
<input checked="" type="checkbox"/> Upland				Address <b>Augusta Kans</b>			
<input type="checkbox"/> Valley				Signed <b>Walter Meyer</b> Date <b>8-18-76</b>			

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

Form WWC-5