

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

NW 1/4 SW 1/4

1 Location of well:	County Butler	Township name Bruno	Fraction SW 1/4	Section number 24	Town number T 27 S	Range number R 3 E		
Distance and direction from nearest town or city: 4 miles west			3 Owner of well: Nathan Meyer					
Street address of well location if in city: 1/4 north 1/4 Augusta Kans			Address: Route 1 Augusta Kans					
Locate with "X" in section below: N W E S 1 Mile			Sketch map:			4 Well depth: 100 ft. Date of completion Aug 9, 1975 Well diameter 7 in.		
2 Type and color of material			From	To	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			
			yellow clay		0	5	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	
			yellow lime		5	40	7 Casing: Material stagnant Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 16 in. Diam. 10 in. to 10 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7 in. to 100 ft. depth	
			blue shale		40	45	8 Screen: sunflower plastic Inc Manufacturer wichita kans Type R.P.M. Dia. 6" Slot gauge 3/16 Length 20 ft Set between 80 ft. and 100 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material	
			gray lime		45	75	9 Static water level: 75 ft. below land surface Date Aug 9, 1975	
			yellow lime		75	90	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 20 ft g.p.m.	
			water		90		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
			gray lime		90	100	12 Well head completion: <input type="checkbox"/> Pitless adapter 16 inches above grade	
			owner well put on slab				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 10 ft. to 0 ft.	
							14 Nearest source of possible contamination: ft. 300 Direction east Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. 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				
16 Remarks: elevation			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. Thurman Wike 122 Business name Augusta Ks License No. ____ Address Augusta Ks Signed Thurman Wike Date Aug 9, 1975 Authorized representative					

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

Form WWC-5