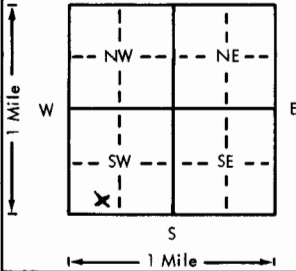


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>SE 1/4 SW 1/4 SW 1/4</u>	Section number <u>25</u>	Township number <u>T 27 S</u>	Range number <u>R 3 E</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>3W 1S 3/4W</u> <u>Augusta</u>		3. Owner of well: <u>Thomas Otis</u> R.R. or street: <u>R#2</u> City, state, zip code: <u>Douglas Kansas</u>		
4. Locate with "X" in section below:	Sketch map: 		6. Bore hole dia. <u>10</u> in. Completion date <u>9-20-1977</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>Red Clay</u>	<u>0</u>	<u>3</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>grey shale</u>	<u>3</u>	<u>23</u>	9. Casing: Material <u>plb</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>12</u> lbs./ft. Dia. <u>6</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. <u>6</u> in. to <u>80</u> ft. depth gage No. <u>175</u>		
<u>grey lime</u>	<u>23</u>	<u>42</u>	10. Screen: Manufacturer's name <u>gtz</u> Type <u>RMP</u> Dia. <u>6 in</u> Slot/gauze <u>1/16</u> Length <u>20 ft</u> Set between <u>80</u> ft. and <u>100</u> ft. Gravel pack? <u>no</u> Size range of material <u> </u>		
<u>yellow shale</u>	<u>42</u>	<u>56</u>	11. Static water level: <u>46</u> ft. below land surface Date <u>9-20-1977</u> mo./day/yr.		
<u>Red shale</u>	<u>56</u>	<u>66</u>	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.		
<u>grey shale</u>	<u>66</u>	<u>81</u>	13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No Date ____ mo./day/yr.		
<u>grey lime</u>	<u>81</u>	<u>87</u>	14. Well head completion: ____ Pitless adapter <u>12</u> inches above grade		
<u>water</u>	<u>87</u>	<u>100</u>	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>13</u> ft.		
<u>grey lime</u>	<u>87</u>	<u>100</u>	16. Nearest source of possible contamination: ft. <u>60</u> Direction <u>South</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 ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ 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		
(Use a second sheet if needed)			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. <u>Wibe Well Drilling</u> <u>122</u> Business name License No. Address <u>R#3 Box 57 Augusta Kansas</u> Signed <u>Wibe Well Drilling</u> Date <u>9-20-1977</u> Authorized representative		
18. Elevation:	19. Remarks: <u>owner will put on slab</u> <u>Sam Otis</u>				

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

Form WWC-5