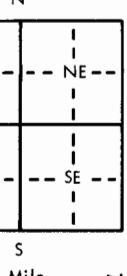
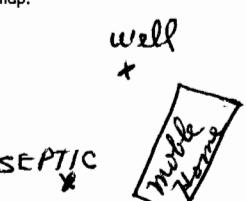


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <i>Butler</i>	Fraction <i>SE 1/4 SW 1/4 SW 1/4</i>	Section number <i>25</i>	Township number <i>T 27 S R 3</i>	Range number <i>(EW)</i>	
2. Distance and direction from nearest town or city:	3W 1S <i>3/4 NW</i>	3. Owner of well: R.R. or street: City, state, zip code:	<i>Thomas Otis R# 2 Douglas Kans</i>			
Street address of well location if in city:	<i>Augusta</i>					
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.		
				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 <u>plastic</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>12</u> in. RMP <u>X</u> PVC <u>10</u> Weight <u>10</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>ft.</u> depth gage No. <u>175</u>		
5. Type and color of material	From	To	10. Screen: Manufacturer's name <u>gr &amp; L</u> Type <u>RMP</u> Dia. <u>6</u> in. Siz/gauze <u>10</u> Length <u>20</u> ft. Set between <u>80</u> ft. and <u>100</u> ft. Gravel pack? <u>no</u> Size range of material <u></u>			
	<i>Red Clay</i>	<i>0 3</i>	11. Static water level: <u>46</u> ft. below land surface Date <u>9-20-1977</u>			
	<i>grey shale</i>	<i>3 23</i>	12. Pumping level below land surfaces: ft. after <u>hrs.</u> pumping <u>g.p.m.</u> ft. after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>20</u> g.p.m.			
	<i>grey lime</i>	<i>23 42</i>	13. Water sample submitted: <u>no</u> Date <u></u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
	<i>yellow shale</i>	<i>42 56</i>	14. Well head completion: Pitless adapter <u>12</u> Inches above grade			
	<i>Red shale</i>	<i>56 66</i>	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.			
	<i>grey shale</i>	<i>66 81</i>	16. Nearest source of possible contamination: ft. <u>60</u> Direction <u>North</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>grey lime</i>	<i>81 87</i>	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u></u> Model number <u></u> HP <u></u> Volts <u></u> Length of drop pipe <u>ft.</u> capacity <u>g.p.m.</u> 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)						
18. Elevation:	19. Remarks:  <i>owner will put on slab</i>					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.  <i>Wise Well Drilling 122</i>
Topography:						Business name <u>R# 3 Box 57 Augusta Kans</u> License No. <u></u>
<input type="checkbox"/> Hill						Address <u></u>
<input type="checkbox"/> Slope						Signed <u>Murray K. Wise</u> Date <u>9-20-1977</u>
<input checked="" type="checkbox"/> Upland						Authorized representative <u></u>
<input type="checkbox"/> Valley						

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

Form WWC-5