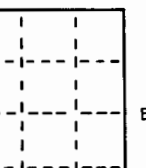
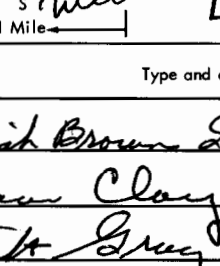


NE NW SW

County	Township name	Fraction	Section number	Town number	Range number
Location of well:	BUTLER	BRUNO	20 29	27S	3E
Distance and direction from nearest town or city: LAKE VIEW RIGHTS ADDITION Vaso of ANDOVER KS Street address of well location if in city:			Owner of well: RANDY MAY Address: WICHITA KS 16108 Kere Lynn		
Locate with "X" in section below: 		Sketch map: 		4 Well depth: 52 ft. Date of completion 5-15-75 Well diameter 8 in. 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 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 <input type="checkbox"/> 7 Casing: Material PLASTIC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Dig. _____ Weight _____ lbs./ft. _____ 6 in. to 32 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
2 Type and color of material		From	To	8 Screen: Manufacturer SUNFLOWER Type 100 RMP Dia. 6 1/4" 1/4" Slot gauge DRILLED Length 20 ft Set between 32 ft. and 52 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/8"	
Reddish Brown Surface		0	4	9 Static water level: 22 ft. below land surface Date 5-15-75	
Yellow Clay		4	12	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2.0 g.p.m.	
Light Gray Clay		12	40	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Dark gray Clay		40	45	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 15 inches above grade	
Gray Water Shale		45	47	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____ Depth: From 3 ft. to 15 ft.	
Dark Gray Clay		47	52	14 Nearest source of possible contamination: ft. 80 Direction NORTH 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	
(use a second sheet if needed)					
16 Remarks: elevation Custom known requirements of 4x4 s/p.s. Randy May by SUB					
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. SIMMONS DRILLING 162 Business name License No. _____ Address 115 E CENTRAL ANDOVER KS Signed [Signature] Date 5-17-75 Authorized representative					

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

Form WWC-5