

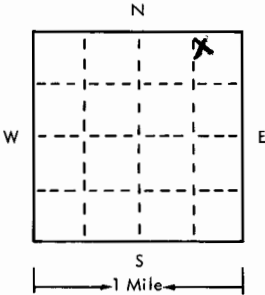
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NE NE

1 Location of well:	County Butler	Township name Augusta NE 1/4	Fraction 6	Section number 6	Town number T27S	Range number R4E
Distance and direction from nearest town or city:	3 1/4 west 4 north of Augusta					
Street address of well location if in city:	Address: L.D. Potter Route 1 Augusta, Kans					
Locate with "X" in section below:	Sketch map: 					4 Well depth: 60 ft. Date of completion June 18 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		
	Red clay	0	15	6 Use: <input 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 checked="" type="checkbox"/> stock well		
	Grey Lime	15	25	7 Casing: Material styrofoam Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 13 in. Diam. 10 in. to 10 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7 in. to 60 ft. depth		
	Blue Shale	25	50	8 Screen: Sunflower plastic, Inc Wichita, Kans Manufacturer R.M.P. Dia. 6 Type Slot gauge 1/16 Length 20 ft Set between 46 ft. and 60 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material		
	Water	50		9 Static water level: 30 ft. below land surface June 18 1975		
	Grey Lime	50	60	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 2 inches above grade		
				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 20 ft. to 0 ft.		
				14 Nearest source of possible contamination: ft. 200 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	(use a second sheet if needed)					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. Wayne Wike 122 Business name Augusta, Kans License No. 18 Address Augusta, Kans Signed Wayne Wike Date June 18 1975 Authorized representative
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5