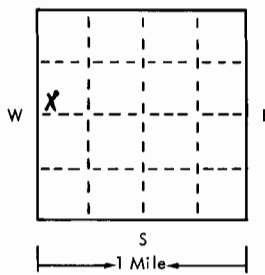


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

1 Location of well:	County <u>Butler</u>	Township name <u>Augusta</u>	Fraction <u>SWSW</u> <u>NW 1/4</u>	Section number <u>7</u>	Town number <u>27S</u>	Range number <u>R-4E</u>		
Distance and direction from nearest town or city: <u>3 west</u> <u>2 1/2 north</u> <u>Augusta Kans</u>			3 Owner of well: <u>P.W. Nath</u> <u>302 N. Edwards</u> <u>Wichita Kans</u>					
Street address of well location if in city:			Address:					
Locate with "X" in section below: N 			Sketch map:			4 Well depth: <u>150</u> ft. Date of completion <u>4-26</u> 1975 Well diameter <u>7</u> 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	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 <input type="checkbox"/>	
			yellow soap stone		5	15	7 Casing: Material <u>stainless</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. Diam. <u>10</u> in. to <u>10</u> ft. depth/Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>7</u> in. to <u>150</u> ft. depth	
			yellow rock		15	35	8 Screen: <u>Sunflower Plastic Inc</u> Manufacturer <u>Wichita Kans</u> Type <u>R.M.P.</u> Dia. <u>6"</u> <u>Slotted</u> gauze <u>1/16</u> Length <u>20 ft</u> Set between <u>100</u> ft. and <u>120</u> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material	
			yellow clay		35	55	9 Static water level: <u>80</u> ft. below land surface Date <u>4-26</u> 1975	
			Blue shale		55	65	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>2.0</u> g.p.m.	
			Red Clay		65	75	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
			Blue shale		75	90	12 Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade	
			grey rock		90	110	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 <u>12</u> ft. to <u>0</u> ft.	
			water		110		14 Nearest source of possible contamination: ft. <u>1/2 mi</u> direction <u>south</u> type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
grey rock		110	150	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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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. Business name <u>Augusta Kans</u> License No. _____ Address _____ Signed <u>Thomas W. Wicks</u> 4-26-1975 Authorized representative					

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

Form WWC-5