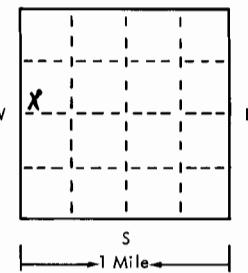


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <i>Butler</i>	Township name <i>Augusta</i>	Fraction <i>SW 1/4</i>	Section number <i>7</i>	Town number <i>275</i>	Range number <i>R-4E</i>
Distance and direction from nearest town or city: <i>3 west 2 1/2 north Augusta Kans</i>			3 Owner of well: <i>E.W. Math 302 N. Edwards Wichita Kans</i>	Address:		
Locate with "X" in section below: 			Sketch map:			
4 Well depth:	<i>150</i>		ft. Date of completion	<i>4-26 1975</i>		
Well diameter:	<i>7</i>		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					
7 Casing:	Material <i>steel</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>24</i> in. Diam. <i>10</i> in. to <i>10</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>7</i> in. to <i>150</i> ft. depth					
8 Screen:	Sunflower Plastic Inc Manufacturer <i>Wichita Kans</i> Type <i>R.M.P.</i> Dia. <i>6"</i> Sis/gauze <i>16</i> Length <i>20 ft</i> Set between <i>100</i> ft. and <i>120</i> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material					
9 Static water level:	<i>80</i> ft. below land surface Date <i>4-26 1975</i>					
10 Pumping level below land surfaces:	ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <i>20</i> 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 <i>24</i> 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 <i>12</i> ft. to <i>0</i> ft.					
14 Nearest source of possible contamination:	ft. <i>100</i> direction <i>South</i> Type <i>Septic</i> 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 <i>HP</i> <i>Volts</i> Length of drop pipe <i>ft.</i> capacity <i>g.m.p.</i> 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	owner will put on slab					
(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.						
Business name <i>Augusta Kans 122</i> License No. Address <i>Theresa White</i> Date <i>4-26 1975</i> Signed <i>Theresa White</i> Authorized representative						