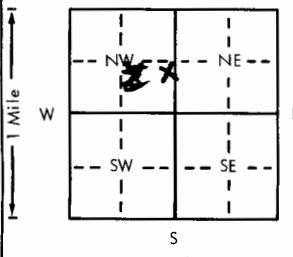


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

X Location of well: Butler		X Section: NE 1/4 SE 1/4 NW 1/4		Section number: 14		Township number: 27		Range number: 4		E/W	
X Distance and direction from nearest town or city: NE Augusta		3. Owner of well: Keith Biffel									
Street address of well location if in city: City		R.R. or street: 2304 Light									
		City, state, zip code: Augusta Kan 67010									
X Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date 7/1/78 Well depth 100 ft.							
		7. X Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary									
		8. Use: ___ Domestic ___ Public supply ___ Industry X Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other									
		9. Casing: Material PLS Height: Above or below Threaded ___ Welded City Surface 18 in. RMP ___ PVC ___ Weight 100 lbs./ft. Dia. 6 in. to 100 ft. depth Wall Thickness inches or Dia. ___ in. to ___ ft. depth gage No. 175									
5. Type and color of material		From		To		10. Screen: Manufacturer's name Supflow Plastic Type 100 Dia. 6 Slot/gauze 1/16 Length 20 Set between 160 ft. and 80 ft. ___ ft. and ___ ft.					
						Gravel pack? No Size range of material					
						11. Static water level: ___ mo./day/yr. 40 ft. below land surface Date 7/10/78					
						12. Pumping level below land surfaces: 45 ft. after 1 hrs. pumping 50 g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield 50 g.p.m.					
						13. Water sample submitted: ___ mo./day/yr. Yes X No Date					
						14. Well head completion: ___ Pitless adapter ___ Inches above grade					
						15. Well grouted? Yes With: X Neat cement ___ Bentonite ___ Concrete Depth: From 0 ft. to 13 ft.					
						16. Nearest source of possible contamination: None ft. Direction Type Well disinfected upon completion? ___ Yes ___ No					
						17. Pump: X Not installed Manufacturer's name Model number ___ HP ___ Volts ___ Length of drop pipe ___ ft. capacity ___ g.p.m. Type: ___ Submersible ___ Turbine ___ Jet ___ Reciprocating ___ Centrifugal ___ Other					
						(Use a second sheet if needed)					
18. Elevation:		19. Remarks:		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. Winter Well Drilling 2514 Business name Box 30 Augusta License No. 1/4 1/4 Address Charles W. White Signed 10/8/78 Date 10/8/78 Authorized representative							
Topography: ___ Hill ___ Slope X Upland ___ Valley											

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