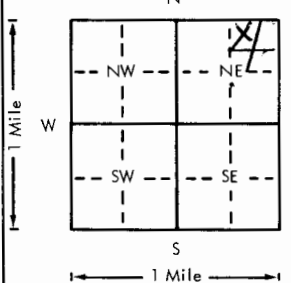


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1. Location of well: County <u>Butler</u> Fraction <u>NW 1/4 NE 1/4 NE 1/4</u> Section number <u>14</u> Township number <u>T 27</u> S Range number <u>R 4</u> E/W	
2. Distance and direction from nearest town or city: <u>Augusta</u> 3. Owner of well: <u>BILL MARK</u> Street address of well location if in city: <u>2530 Lough</u> City, state, zip code: <u>Augusta Kan 67016</u>	
4. Locate with "X" in section below: Sketch map: <u>well</u> <u>House</u> <u>X</u> <u>Septic Line</u> <u>Slope</u> 	
5. Type and color of material	
From To	
<u>Soil</u> 0 5	
<u>Rock</u> 5 25	
<u>Clay</u> 25 35	
<u>Shale</u> 35 55	
<u>Shale &amp; Lime</u> 55 75	
<u>Water at 80' Lime</u> 75 100	
6. Bore hole dia. <u>8</u> in. Completion date <u>8/9/78</u> Well depth <u>100</u> ft.	
7. <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	
8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>PLS</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>100</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>100</u> ft. depth gage No. <u>175</u>	
10. Screen: Manufacturer's name <u>SUNFLOWER</u> Type <u>100</u> Dia. <u>5</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>9.5</u> ft. and <u>9.5</u> ft. Gravel pack? <u>None</u> Size range of material: _____	
11. Static water level: <u>45</u> ft. below land surface Date <u>8/9/78</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>50</u> ft. after <u>1</u> hrs. pumping <u>Bailing</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: _____ <input type="checkbox"/> Pitless adapter _____ Inches above grade	
15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>Septic Line</u> ft. <u>150</u> Direction <u>W</u> Type <u>Septic Line</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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)	
18. Elevation: Topography: _____ <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>25</u> <u>WINTERWELL DRILLING</u> Business name _____ License No. _____ Address <u>Augusta Kan</u> Signed <u>Jack Winters</u> Date <u>3/1/78</u> Authorized representative

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

Form WWC-5