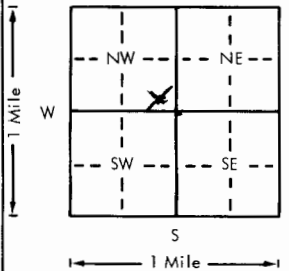


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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: County <u>Butler</u> Fraction <u>SE 1/4 SE 1/4 NW 1/4</u> Section number <u>31</u> Township number <u>T 27 S R 4 E/W</u> Range number <u>4</u>	
X Distance and direction from nearest town or city: <u>3 N 1 1/2 W Towanda</u> 3. Owner of well: <u>Wallace Johnson</u> Street address of well location if in city: <u>Towanda</u> R.R. or street: <u>R1 Towanda</u> City, state, zip code: _____	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <u>7</u> in. Completion date <u>3/18/79</u> Well depth <u>100</u> ft.	
7. X Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary	
8. Use: X Domestic ___ Public supply ___ Industry ___ Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other	
9. Casing: Material <u>Plas</u> Height: Above or below Threaded ___ Welded X Surface <u>34</u> in. RMP X PVC ___ Weight <u>100</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness inches or Dia. ___ in. to ___ ft. depth gage No. <u>175</u>	
10. Screen: Manufacturer's name <u>SanFlow</u> Type <u>100</u> Dia. <u>5</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>7.5</u> ft. and <u>9.5</u> ft. Gravel pack? <u>X</u> Size range of material <u>5/8</u>	
11. Static water level: <u>20</u> ft. below land surface Date <u>3/18/79</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>30</u> ft. after <u>1</u> hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <u>50</u> g.p.m.	
13. Water sample submitted: ___ Yes <u>NO</u> No Date _____ mo./day/yr.	
14. Well head completion: ___ Pitless adapter ___ inches above grade	
15. Well grouted? <u>yes</u> With: X Neat cement ___ Bentonite ___ Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>Barn</u> ft. <u>200</u> Direction <u>NW</u> Type <u>Barn</u> Well disinfected upon completion? X 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	
18. Elevation: Topography: ___ Hill ___ Slope X Upland ___ Valley	
19. Remarks: <u>Owner To Install</u> <u>Concret Slab around</u> <u>WELL</u> <u>Winterwell Drilling</u> Business name _____ License No. _____ Address <u>PO Box 30 Augusta</u> Signed <u>Charles Winter</u> Date <u>3/28/79</u> Authorized representative	

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

Form WWC-5