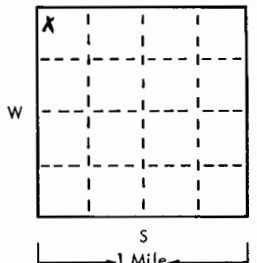


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Spring</u>	Fraction <u>NN 1/4</u>	Section number <u>16</u>	Town number <u>T27S</u>	Range number <u>R5E</u>
Distance and direction from nearest town or city: <u>1 mile north</u> <u>3 miles east</u> <u>Augusta Kans</u>			3 Owner of well: <u>Mary Schneider</u> Address: <u>Route 20 Augusta Kans</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>60</u> ft. Date of completion <u>July 12, 1975</u> Well diameter <u>7</u> in.
2 Type and color of material			From	To	5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
			6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☒ Test well ☐			
			7 Casing: Material <u>stagnant</u> Height: above/below Threaded ☐ Welded ☒ Surface <u>12</u> in. Diam. <u>10</u> in. to <u>10</u> ft. depth! Drive shoe? ☐ Yes ☒ No <u>7</u> in. to <u>60</u> ft. depth! Weight <u>1.5</u> lbs./ft.			
			8 Screen: <u>Sunflower Plastic Inc</u> Manufacturer <u>Wichita Kans</u> Type <u>RMIP</u> Dia. <u>6</u> Slot/gauze <u>1/16</u> Length <u>20 ft</u> Set between <u>30</u> ft. and <u>50</u> ft. Fittings: Gravel pack ☐ Yes ☒ No Size range of material <u> </u>			
			9 Static water level: <u>20</u> ft. below land surface Date <u>July 12, 1975</u>			
owner will put on slab			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>1</u> g.p.m.		11 Water sample submitted: ☐ Yes ☒ No Date <u> </u>	
			12 Well head completion: <u>12</u> ☐ Pitless adapter ☐ Inches above grade			
			13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ _____ Depth: From <u>10</u> ft. to <u>0</u> ft.			
			14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ☒ Yes ☐ No			
			15 Pump: ☒ Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other			
16 Remarks: elevation Topography: ☒ Hill ☐ Slope ☐ Upland ☐ 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. <u>Murray Wike</u> Business name <u>Augusta Ks 122</u> License No. <u> </u> Address <u> </u> Signed <u>Murray Wike</u> Date <u>July 12, 1975</u> Authorized representative			