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

WATER WELL RECORD
KSA 82a-1201-1215

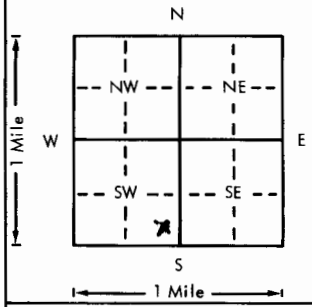
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Butler	SE 1/4 SE 1/4 SW 1/4	31	T 27 S	R 5 (E) W

2. Distance and direction from nearest town or city: 2E 2S ½ E
Street address of well location if in city: 07 Augusta

3. Owner of well: Lloyd Kufahl
R.R. or street: 3908 E 10
City, state, zip code: Wichita Kans

4. Locate with "X" in section below:



Sketch map: X Well in pasture

6. Bore hole dia. 10 in. Completion date
Well depth 100 ft. 7-18-1978

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 plstc Height (Above) or below
Threaded ___ Welded gl Surface 14 in.
RMP (X) PVC ___ Weight ___ lbs./ft.
Dia. 6 in. to 60 ft. depth Wall Thickness: inches or
Dia. 6 in. to 90 ft. depth gage No. e 175

5. Type and color of material	From	To
yellow shale	0	7
grey shale	7	16
Red shale	16	37
grey shale	37	48
grey lime	48	67
Water	67	
grey lime	67	100

(Use a second sheet if needed)

10. Screen: Manufacturer's name G & L
Type RMP Dia. 6"
Slot/gauze 40 60 Length 20 ft
Set between 60 ft. and 90 ft.
90 ft. and 100 ft.
Gravel pack? No Size range of material

11. Static water level: mo./day/yr.
37 ft. below land surface Date 7-18-1978

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

13. Water sample submitted: mo./day/yr.
( ) Yes (X) No Date

14. Well head completion:
( ) Pitless adapter 14 Inches above grade

15. Well grouted? yes
With: (X) Neat cement ( ) Bentonite ( ) Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
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
(X) Slope
( ) Upland
( ) Valley

19. Remarks: owner will put on slab

Loyd Kufahl

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.
Wibe Well Drilling 122
Business name License No.
Address Rt #3 Box 57 Augusta
Signed Murray Wibe Date
Authorized representative 7-18-1978

T 27 R 5 (E) W Sec 31 SE SE SW 1/4 1/4 1/4

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

Form WWC-5

MI-1023