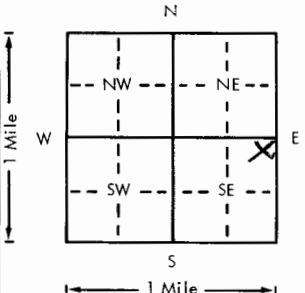


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Butler	Fraction NE 1/4 NE 1/4 SE 1/4	Section number 34	Township number T 27	Range number S R 5	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:		6-E 1-South Augusta		3. Owner of well: Dwane Knap R.R. or street: R 2 City, state, zip code: Augusta 67010			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 3 in. Completion date 12/12/78 Well depth 100 ft.			
				7. ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary			
5. Type and color of material		From		To		8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other	
Rock		0		30		9. Casing: Material PVS Height: Above or below Threaded ☐ Welded ☒ Surface 18 in. RMP ☒ PVC ☐ Weight 100 lbs./ft. Dia. 5 in. to 100 ft. depth Wall Thickness: inches or Dia. ☐ in. to ☐ ft. depth gage No. 175	
Shale		30		40		10. Screen: Manufacturer's name Scan Flower	
Lime		40		60		Type 100 Dia. 5 Slot/gauze 1/16 Length 20' Set between 180 ft. and 100 ft. Gravel pack? Yes Size range of material 3/8	
Shale		60		75		11. Static water level: 30 ft. below land surface Date 12/12/78	
Lime		75		100		12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
						13. Water sample submitted: ____ mo./day/yr. Yes ☒ No ☐ Date ____	
						14. Well head completion: ____ Pitless adapter ____ Inches above grade	
						15. Well grouted? Yes With: ☒ Neat cement ☐ Bentonite ☐ Concrete Depth: From 0 ft. to 10 ft.	
						16. Nearest source of possible contamination: ft. 200 Direction SE Type Septic Well disinfected upon completion? ☒ Yes ☐ No	
						17. Pump: ☒ 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:		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. Business name Winterwell Drill License No. 251 Address P.O. Box 30 Augusta Signed Charles Winter Date 8/1/79 Authorized representative			
Topography: ☐ Hill ☒ Slope ☐ Upland ☐ Valley							

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

Form WWC-5