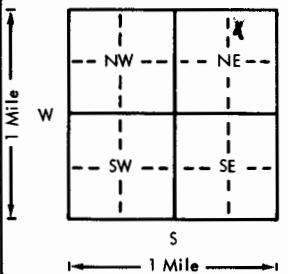


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <i>Butler</i>	Fraction <i>NW 1/4 NE 1/4 NE 1/4</i>	Section number <i>2</i>	Township number <i>T 28 S 3 R 3 NW</i>	Range number		
2. Distance and direction from nearest town or city:	<i>3 W. 25 1/4 N</i>		3. Owner of well: <i>Jerry Markley</i>				
Street address of well location if in city:	<i>Augusta</i>		R.R. or street: <i>R#3</i>				
City, state, zip code: <i>Augusta Kans</i>							
4. Locate with "X" in section below:	Sketch map:  		Well in pasture <i>X</i>				
5. Type and color of material	From	To	6. Bore hole dia. <u>10</u> in. Completion date <u>11-19-1976</u> Well depth <u>75</u> ft.				
<i>Black soil</i>	<u>0</u>	<u>2</u>	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				
<i>Red Clay</i>	<u>2</u>	<u>27</u>	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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				
<i>Blue shale</i>	<u>27</u>	<u>34</u>	9. Casing: Material <u>RPT</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>16</u> in. RMP <input checked="" type="checkbox"/> PVC Weight <u>16</u> lbs./ft. Dia. <u>6</u> in. to <u>75</u> ft. depth Wall Thickness: inches or Dia. <u>6</u> in. to <u>75</u> ft. depth gage No. <u>175</u>				
<i>grey shale</i>	<u>34</u>	<u>40</u>	10. Screen: Manufacturer's name <u>gtd</u>				
<i>Red shale</i>	<u>40</u>	<u>52</u>	Type <u>RMP</u> Dia. <u>6 in</u> <input checked="" type="checkbox"/> Slot gauze <u>1/16</u> in. Length <u>20 ft</u> Set between <u>55</u> ft. and <u>75</u> ft. ft. and <u>75</u> ft. Gravel pack? <u>no</u> Size range of material _____				
<i>grey shale</i>	<u>52</u>	<u>65</u>	11. Static water level: <u>26</u> ft. below land surface Date <u>11-19-1976</u> mo./day/yr.				
<i>water</i>	<u>65</u>		12. Pumping level below land surfaces: ft. after <u>hrs.</u> pumping <u>g.p.m.</u> ft. after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>20+</u> g.p.m.				
<i>grey lime</i>	<u>65</u>	<u>75</u>	13. Water sample submitted: Yes <input checked="" type="checkbox"/> No Date _____				
				14. Well head completion: Pitless adapter <u>16</u> Inches above grade			
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.			
				16. Nearest source of possible contamination: <u>MNC</u> ft. <u>Direction</u> <u>Type pasture</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <u>no</u>			
				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)				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>Wise well drilling 122</u> Business name <u>Route 3 Augusta</u> License No. _____ Address <u>Route 3 Augusta</u> Signed <u>Jerry Markley</u> Date <u>11-19-1976</u> Authorized representative <u>Jerry Markley</u> Date <u>11-19-1976</u>			
18. Elevation:	19. Remarks: <i>owner will put on slab</i>						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5