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

WATER WELL RECORD
KSA 82a-1201-1215

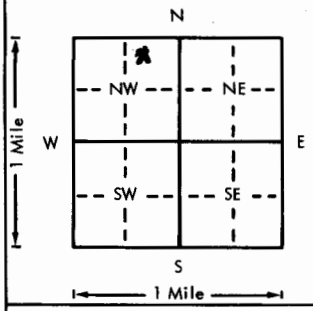
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Butler	1/4 1/4 NW 1/4	2	T 28 S	R 3 E/W

2. Distance and direction from nearest town or city: 3W 2S 2½W
Street address of well location if in city: of Augusta

3. Owner of well: Edward Soleman
R.R. or street: 4600 Laura
City, state, zip code: Wichita Kans

4. Locate with "X" in section below:



Sketch map:

X Well in grassland

6. Bore hole dia. 10 in. Completion date 3-15-1977
Well depth 90 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 pltc Height: Above or below
Threaded ___ Welded gl Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 6 in. to 90 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. -175

5. Type and color of material	From	To
Red Clay		
Red Clay	0	2
yellow shale	2	6
yellow lime	6	24
Blue shale	24	36
grey shale	32	72
grey lime	72	78
water	78	
grey lime	78	90

(Use a second sheet if needed)

10. Screen: Manufacturer's name g + L
Type RMP Dia. 6 in
Slot/gauze 1/16 Length 20 ft
Set between 70 ft. and 90 ft.
___ ft. and ___ ft.
Gravel pack? no Size range of material ___

11. Static water level: mo./day/yr.
47 ft. below land surface Date 3-15-1977

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 20 g.p.m.

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

14. Well head completion:
X Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type Grassland
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Goulds
Model number 10 E J HP 3/4 Volts 230
Length of drop pipe 80 ft. capacity 10 g.p.m.
Type:
X Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
___ Slope
X Upland
___ Valley

19. Remarks:
owner will put on slab
Ed Soleman

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.
Wike Well drilling 122
Business name License No.
Address R# 3 Box 1284 Augusta
Signed Murray Wike Date
Authorized representative 3-15-1977

28 - 30 - 2 NW NW NW
T R W E Sec 1/4 1/4 1/4

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

Form WWC-5

M1-1023