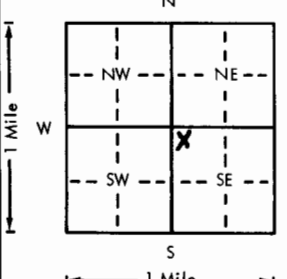


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NW 1/4 NW 1/4 SE 1/4	Section number 22	Township number T 28 S	Range number R 3 E
2. Distance and direction from nearest town or city: 3 mile SOUTH of 54 Hiway + 1 mile EAST OF SANTA FE LAKE ROAD ON EAST SIDE		3. Owner of well: JAMES OWSELEY R.R. or street: 17000 MAPLE City, state, zip code: GODDARD, KANSAS			
4. Locate with "X" in section below: Sketch map: ANDOVER, KANSAS		6. Bore hole dia. 11 in. Completion date Well depth 90 ft. 1-6-77			
		7. Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary			
		8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other			
5. Type and color of material		From	To	9. Casing: Material STYRENE ☐ Above or below Threading ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight 120 lbs./ft. Dia. 5 in. to 90 ft. depth Wall Thickness: inches or Dia. 5 in. to 90 ft. depth gage No. 1200	
TOPSOIL		0	2	10. Screen: Manufacturer's name SUNFLOWER PLASTIC Type STYRENE Dia. 5" Gauze 106 Length 70' Set between 20 ft. and 90 ft. Gravel pack? YES Size range of material 1/4 - 1/8"	
CLAY		2	19	11. Static water level: 21 ft. below land surface Date 1-6-77	
SHALE (BLUE) HARD		19	63	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.	
LIMESTONE - (GRAY) HARD		63	90	13. Water sample submitted: ____ mo./day/yr. Yes ____ No ____ Date ____	
				14. Well head completion: CAPPED Pitless adapter 12 Inches above grade	
				15. Well grouted? YES With: ☒ Neat cement ☐ Bentonite ☒ Concrete Depth: From 40' to 14 ft.	
				16. Nearest source of possible contamination: SEPTIC TANK ft. 70 Direction EAST Type TANK 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. HARP WELL PUMP 236 Business name WICHITA, KANSAS License No. ____ Address WICHITA, KANSAS Signed M. Arnold Date 1-21-77 Authorized representative	

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

Form WWC-5