

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 SW 1/4 NW 1/4 NE 1/4	Section number 24	Township number T 28	Range number S R 3	EW
2. Distance and direction from nearest town or city: 3 W - 55 1/2 W			3. Owner of well: Bill Brown				
Street address of well location if in city: Augusta Kans			City, state, zip code: Augusta Kansas 67010				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 10 in. Completion date 10-22-76 Well depth 85 ft.		
					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		
					9. Casing: Material plb Height: Above or below Threaded ☐ Welded ☒ Surface 16 in. RMP ☒ PVC ☐ Weight 98 lbs./ft. Dia. 6 in. to 85 ft. depth Wall Thickness: inches or Dia. 6 in. to 85 ft. depth Gauge No. 175		
5. Type and color of material		From	To	10. Screen: Manufacturer's name gtl			
Red Clay		0	15	Type RMP Dia. 6 in			
Blue shale		15	20	Slot gauge 46 Length 20			
yellow shale		20	27	Set between 85 ft. and 60 ft.			
yellow lime		27	52	Gravel pack? no Size range of material			
Water		52		11. Static water level: 31 ft. below land surface Date 10-22-76			
Blue shale		52	60	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m.			
Red shale		60	81	____ ft. after ____ hrs. pumping ____ g.p.m.			
Grey shale		81	85	Estimated maximum yield 7 g.p.m.			
				13. Water sample submitted: ____ mo./day/yr. Yes ☒ No ☐ Date			
				14. Well head completion: ____ Pitless adapter 16 inches above grade			
				15. Well grouted? yes With: ☒ Neat cement ☐ Bentonite ☐ Concrete Depth: From 3 ft. to 12 ft.			
				16. Nearest source of possible contamination: ft. 175 Direction South Type lagoon 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			
				(Use a second sheet if needed)			
18. Elevation:		19. Remarks:			20. Water well contractor's certification:		
Topography: ____ Hill ____ Slope ☒ Upland ____ Valley		owner will put on slab William S Brown			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 Rt 3 Box 128L Augusta Kansas Signed Murray Wike Date 10-22-76 Authorized representative		

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

Form WWC-5