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

WATER WELL RECORD
KSA 82a-1201-1215

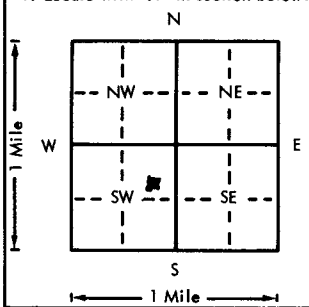
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Butler	SE1/4 NE1/4 SW1/4	8	T 28 S	R 4 E W

2. Distance and direction from nearest town or city: 4 MI. S\N
Street address of well location if in city: 7 Augusta

3. Owner of well: George Dennis Jr
R.R. or street:
City, state, zip code: Valley Center

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. ____ in. Completion date
Well depth 110 ft. 11-19-1997

7. X 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 ____ Height: Above or below
Threaded ___ Welded ___ Surface ____ in.
RMP ___ PVC ___ Weight ____ lbs./ft.
Dia. ___ in. to ___ ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ____

5. Type and color of material	From	To
Brown Clay	0	4
Yellow lime	4	22
grey lime	22	47
Yellow lime	47	56
grey lime	56	86
water	86	
grey shale	86	104
grey lime	104	110
(Use a second sheet if needed)		

10. Screen: Manufacturer's name ____
Type ____ Dia. ____
Slot/gauze ____ Length ____
Set between ____ ft. and ____ ft.
____ ft. and ____ ft.
Gravel pack? ___ Size range of material ____

11. Static water level: mo./day/yr.
____ ft. below land surface Date ____

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 2 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? ____
With: ___ Neat cement ___ Bentonite ___ Concrete
Depth: From ____ ft. to ____ ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type ____
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:

Topography:
___ Hill
___ Slope
X Upland
___ Valley

19. Remarks:
Wasn't enough water so the well was plugged
7ft Cement 40 ft to 47 ft

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.
Wibe well drilling 121
Business name License No.
Address Rt 3 Box 57 Augusta
Signed Murray Wibe Date
Authorized representative 11-19-1997

T 28 R 4 E W Sec 8 1/4 1/4 1/4 SE SW

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

Form WWC-5

MI-1023