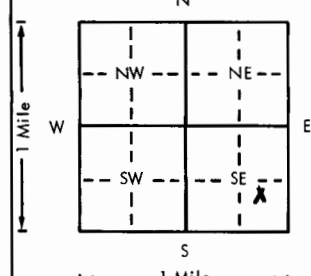


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>Butler</b>                                                                         | Fraction<br><b>NE 1/4 SE 1/4 SE 1/4</b> | Section number<br><b>6</b>                                                                                                                                                                                                                                                                                                                                                                                 | Township number<br><b>T 28 S</b> | Range number<br><b>R 5 E</b> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:                                                                                                                                                                                                                                                                                                                               | <b>3 E 3 S</b><br><b>Augusta</b>                                                                |                                         | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:<br><b>Bill Stovall</b><br><b>1250 Reese Rd</b><br><b>Hodsdon Kans</b>                                                                                                                                                                                                                                                                       |                                  |                              |
| 4. Locate with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile                                                                                                                                                                                                                                                                                                                                                                | Sketch map:<br> |                                         | 6. Bore hole dia. <b>10</b> in. Completion date <b>4-7-1977</b><br>Well depth <b>60</b> ft.                                                                                                                                                                                                                                                                                                                |                                  |                              |
| 5. Type and color of material                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                         | 7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                                                                                               |                                  |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                         | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                     |                                  |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                         | 9. Casing: Material <b>plb</b> Height: <b>Above</b> or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>12</b> lbs./ft.<br>Dia. <b>6</b> in. to <b>46</b> ft. depth Wall Thickness: inches or<br>Dia. <b>6</b> in. to <b>46</b> ft. depth gage No. <b>175</b> |                                  |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                         | 10. Screen: Manufacturer's name <b>glt</b><br>Type <b>RMP</b> Dia. <b>6 in</b><br>Slot/gauze <b>1/16</b> Length <b>26 ft</b><br>Set between <b>40</b> ft. and <b>60</b> ft.<br>Gravel pack? <b>no</b> Size range of material                                                                                                                                                                               |                                  |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                         | 11. Static water level: <b>36</b> ft. below land surface Date <b>4-7-1977</b><br>12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield <b>20</b> g.p.m.                                                                                                                                        |                                  |                              |
| 13. Water sample submitted: ____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                         | 14. Well head completion:<br><input checked="" type="checkbox"/> Pitless adapter <b>12</b> Inches above grade                                                                                                                                                                                                                                                                                              |                                  |                              |
| 15. Well grouted? <b>yes</b><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>3</b> ft. to <b>13</b> ft.                                                                                                                                                                                                                           |                                                                                                 |                                         | 16. Nearest source of possible contamination:<br>ft. <b>300</b> Direction <b>West</b> Type <b>Pond</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                  |                              |
| 17. Pump:<br>Manufacturer's name <b>Houlds</b> Not installed<br>Model number <b>10E5</b> HP <b>3/4</b> Volts <b>230</b><br>Length of drop pipe <b>50</b> ft. capacity <b>10</b> g.p.m.<br>Type:<br><input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                                                                                 |                                         | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report<br>is true to the best of my knowledge and belief.<br><b>Write well drilling 122.</b><br>Business name <b>Write well drilling 122.</b> License No. <b>122</b><br>Address <b>Box 57 Augusta</b><br>Signed <b>Thomas White</b> Date <b>4-7-77</b><br>Authorized representative                     |                                  |                              |
| 18. Elevation:<br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                                                                                                                                                                                                                                 | 19. Remarks:<br>(Use a second sheet if needed)                                                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                              |

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

Form WWC-5