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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Butler	Bloomington	NE SE NE	8	T 28 S	R 5 E

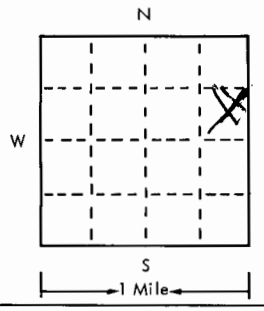
2 Distance and direction from nearest town or city: 3 E 5 S of Augusta

Street address of well location if in city:

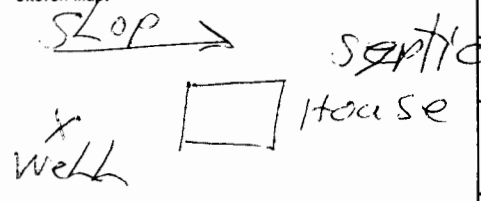
3 Owner of well: Olen Taylor

Address: R 2, Augusta Kan

Locate with "X" in section below:



Sketch map:



4 Well depth: 155 ft. Date of completion 4/3/75
Well diameter 6 in.

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

Casing: Material PVC Height: above/below
Threaded ☐ Welded ☐ Surface 18 in.
Diam. 6 Gluc Weight 200 lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☐ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Soil	0	6
Rock yellow	6	30
Shale-Lime stone gray	30	155
(use a second sheet if needed)		

Screen:
Manufacturer Screen Craft
Type 304 Dia. 6"
Slot/gauze 016 Length 20
Set between 160 ft. and 120 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ___

Static water level:
55 ft. below land surface Date _____

Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 5 g.p.m.

Water sample submitted:
☒ Yes ☐ No Date _____

Well head completion:
☐ Pitless adapter ☐ Inches above grade

Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From ___ ft. to ___ ft.

Nearest source of possible contamination:
ft. 100 Direction W Type Septic
Well disinfected upon completion? ☒ Yes ☐ No

Pump: ☒ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation
Owner to Install Cement Slab Around Well

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

17 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.
Winter Well Drill 251A
Business name License No.
Address R 2 Box 30 Augusta Ks
Signed Charles Winter Date 6/7/76
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H