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: Butler | Township name: Rock creek | Fraction: SE¼ S.E. ¼ | Section number: 7 | Town number: T29S | Range number: R5E

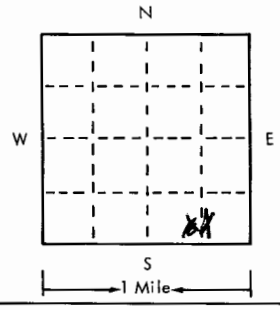
Distance and direction from nearest town or city: 10 Miles East

Street address of well location if in city: Douglas

3 Owner of well: Jim O'Donnell

Address: Route 2 Douglas, KS

Locate with "X" in section below:



Sketch map:

4 Well depth: 100 ft. Date of completion Jan 14-75
Well diameter 6 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug [ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry [ ] Irrigation [ ] Air conditioning [ ] Commercial [ ] Test well [ ]

7 Casing: Material plastic (RMP) Height: (above)/below
[ ] Threaded [X] Welded Surface 18 in.
Diam. 6 in. to 100 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? [ ] Yes [X] No

2 Type and color of material	From	To
Clay Red & Yellow	0	12
Lime Rock White or Grey	12	100
Vein of water at 45 ft		
Bailer test 5 g.p.M.		
Customer to put on Cement slab		

(use a second sheet if needed)

8 Screen:
Manufacturer RMP Fact. Perf
Type ___ Dia. 6
(Slot) gauze 7/16 Length 20
Set between 40 ft. and 50 ft.
Fittings: 90 & 100
Gravel pack [ ] Yes [X] No Size range of material ___

9 Static water level:
25 ft. below land surface Date 1-14-75

10 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.

11 Water sample submitted:
[ ] Yes [X] No Date ___

12 Well head completion:
[ ] Pitless adapter [ ] 18 inches above grade

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ] ___
Depth: From 12 ft. to ground level

14 Nearest source of possible contamination:
ft. Direction ___ Type Human
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] 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

Topography:
[ ] Hill
[X] 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.
Business name Murray Wells License No. 122
Address Augusta
Signed Murray Wells Date Jan 14-75
(Authorized representative)

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

Form WWC-5

677-H