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

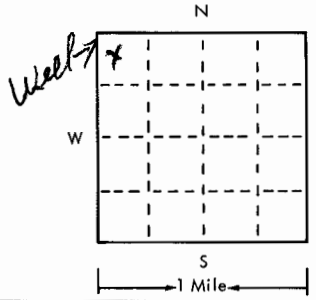
NW NW

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	BUTLER	PLEASANT	NW ¼	19	28 S	3E

Distance and direction from nearest town or city: 2 NORTH / West ROSE HILL KS
Street address of well location if in city: 47 ST SO & 159 ST EAST

3 Owner of well: BOB WALKER RR1 Box 115A
Address: ROSE HILL KS

Locate with "X" in section below:



Sketch map:

4 Well depth: 53 ft. Date of completion 9-28-75
Well diameter 8 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 Height: above/below
Threaded [ ] Welded [ ] Surface 18 in.
Diam. 6 in. to 33 ft. depth Weight _____ lbs./ft.
_____ in. to _____ ft. depth Drive shoe? [ ] Yes [X] No

2 Type and color of material	From	To
BROWN GUMBO	0	4
FAN CLAY	4	10
Yellow Clay	10	25
Gray Clay	25	44
Soft Limestone Rock	44	46
Gray Water Shale	46	48
Drab Gray Clay	48	53
Simmons DRLG to Install S/AB		
(use a second sheet if needed)		

8 Screen:
Manufacturer SUNFLOWER
Type 100 RMP Dia. 6"
1/8 (Slot) gauze DRILLED Length 20 FT
Set between 33 ft. and 53 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 3/8

9 Static water level: 20 ft. below land surface Date 9-28-75

10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 8 g.p.m.

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

12 Well head completion: 11"
[X] Pitless adapter [ ] Inches above grade

13 Well grouted? [ ] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ] _____
Depth: From 2½ ft. to 20 ft.

14 Nearest source of possible contamination:
ft. 175 Direction NORTH Type Septic TANK
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
[ ] 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.
SIMMONS DRILLING
Business name License No.
Address 115 ECENTRAL ANDOVER
Signed _____ Date 9-29-75
Authorized representative

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

Form WWC-5

677-H