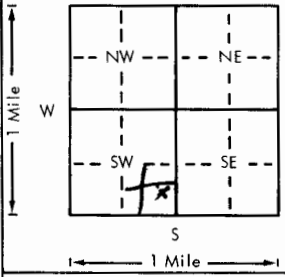


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>SE 1/4 SE 1/4 SW 1/4</b> | Section number<br><b>29</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Township number<br><b>T 28</b> | Range number<br><b>S R 3</b> |
| Distance and direction from nearest town or city: <b>IN 1/4 E of</b><br>Street address of well location if in city: <b>Rose Hill KS</b>                                |                         |                                         | 3. Owner of well: <b>Jack Wilks</b><br>R.R. or street: <b>R1 Box 177</b><br>City, state, zip code: <b>Rose Hill KS</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                              |
| 4. Locate with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile<br>Sketch map:<br> |                         |                                         | 6. Bore hole dia. <b>8.5</b> in. Completion date <b>6-27-79</b><br>Well depth <b>71</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 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                                                                                                       |                                |                              |
|                                                                                                                                                                        |                         |                                         | 9. Casing: Material <b>PVC</b> Height: Above ground <b>14</b> in.<br>Threaded <input type="checkbox"/> Welded <b>PVC</b> Surface <b>14</b> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.<br>Dia. <b>5</b> in. to <b>21</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>300</b>                                                                                                         |                                |                              |
|                                                                                                                                                                        |                         |                                         | 10. Screen: Manufacturer's name <b>Jet Stream</b><br>Type <b>PVC</b> Dia. <b>5"</b><br>Slot/gauze <b>1/4</b> Length <b>30'</b><br>Set between <b>31</b> ft. and <b>71</b> ft.<br><b>31</b> ft. and <b>71</b> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>18-24</b>                                                                                                                                                                                                                                                              |                                |                              |
|                                                                                                                                                                        |                         |                                         | 11. Static water level: <input type="checkbox"/> mo./day/yr.<br><b>19</b> ft. below land surface Date <b>6-27-79</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                              |
| (A little water at 38')<br>(Water at 59')                                                                                                                              |                         |                                         | 12. Pumping level below land surfaces: <b>NA</b><br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <input type="checkbox"/> g.p.m.                                                                                                                                                                                                          |                                |                              |
|                                                                                                                                                                        |                         |                                         | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                        |                                |                              |
|                                                                                                                                                                        |                         |                                         | 14. Well head completion:<br><input checked="" type="checkbox"/> Pitless adapter <b>14</b> inches above grade                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                              |
|                                                                                                                                                                        |                         |                                         | 15. Well grouted? <b>yes</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>13</b> ft. to <b>3</b> ft.                                                                                                                                                                                                                                                                                                                                      |                                |                              |
|                                                                                                                                                                        |                         |                                         | 16. Nearest source of possible contamination: <b>NA</b><br>ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                       |                                |                              |
| (Use a second sheet if needed)                                                                                                                                         |                         |                                         | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name <input type="checkbox"/><br>Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/><br>Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m.<br>Type:<br><input 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>Braddy water wells 363</b><br>Business name <input type="checkbox"/> License No. <input type="checkbox"/><br>Address <b>R2 Douglass KS</b><br>Signed <b>Richard Braddy</b> Date <b>6-27-79</b><br>Authorized representative                                                                                                                                               |                                |                              |
|                                                                                                                                                                        |                         |                                         | 18. Elevation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                              |
|                                                                                                                                                                        |                         |                                         | 19. Remarks:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                              |
|                                                                                                                                                                        |                         |                                         | Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                                                                                                                                                                                                                                                                                                                                                              |                                |                              |

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

Form WWC-5