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

WATER WELL RECORD
KSA 82a-1201-1215

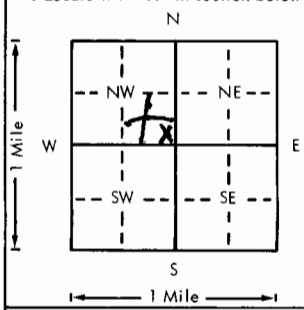
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Butler	SE 1/4 SE 1/4 NW 1/4	33	T 28 S	R 3 E/~~W~~

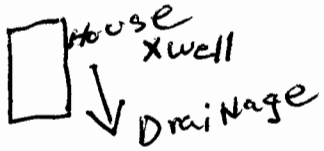
2. Distance and direction from nearest town or city: 1½ E 1/2 N of Rose Hill
Street address of well location if in city:

3. Owner of well: DON Hayden
R.R. or street: 100 E SilKNitter
City, state, zip code: Rose Hill Ks 67133

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 9 in. Completion date 10-21-78
Well depth 65 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material pts Height: Above or below
Threaded ___ Welded glue Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 65 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material	From	To
Top Soil	0	1
Clay yellow brown	1	8
Lime Stone yellow	8	17
Clay yellow green	17	21
Clay light gray	21	26
clay Lavender	26	29
Shale Light gray	29	43
Shale blue gray	43	65
water at 46 ft		

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower Mfg Inc
Type RMP Dia. 5"
Slot/gauze 3/64 Length 10'
Set between 55 ft. and 65 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/4 - 3/4

11. Static water level: mo./day/yr.
30 ft. below land surface Date 10-21-78

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

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion:
X Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 13 ft. to 3 ft.

16. Nearest source of possible contamination: NA
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes ___ No

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

18. Elevation:

Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks:
owner will Install concreet slab

20. 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.
Braddy water wells 363
Business name License No.
Address R2 Box 217A Douglass Ks
Signed Richard Braddy Date 10-22-78
Authorized representative

T 28 R 3 E/W Sec 33 SE 1/4 SE 1/4 NW 1/4

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

Form WWC-5

MI-1023