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

WATER WELL RECORD
KSA 82a-1201-1215

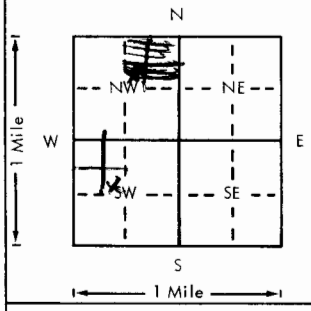
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Butler	Fraction: SE ~~SW~~ 1/4 NW 1/4 SW 1/4	Section number: 5	Township number: T 29 S	Range number: R 3 E/W

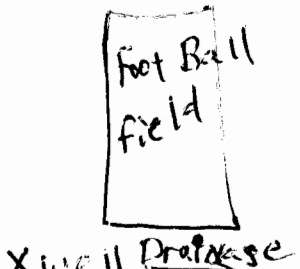
2. Distance and direction from nearest town or city: So. Edge of Rose Hill Ks
Street address of well location if in city:

3. Owner of well: Rose Hill School
R.R. or street:
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 7-2-79
Well depth 95 ft.

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

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

9. Casing: Material PVC
Threaded ___ Welded Glue
RMP ___ PVC X
Dia. 5 in. to 95 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above ~~or below~~
Surface 12 in.
Weight ___ lbs./ft.
Wall Thickness: inches or gage No. 300

5. Type and color of material	From	To
Top Soil	0	1
clay brown	1	5
clay yellow	5	54
Shale blue gray	54	92
Shale Rusty Red	92	95
(Water at 73')		

(Use a second sheet if needed)

10. Screen: Manufacturer's name Jet Stream
Type PVC Dia. 5"
Slot/gauze 16 Length 30'
Set between 65 ft. and 95 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 18-34

11. Static water level: mo./day/yr.
59 ft. below land surface Date 7-2-79

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 14 ft. to 3 ft.

16. Nearest source of possible contamination: NA
ft. ___ Direction ___ Type ___
Well disinfected upon completion? X 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

T 29 R 3 W Sec 5 1/4 SE 1/4 1/4 1/4 SE

18. Elevation:
Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks:

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.
Bradly Water Wells 363
Business name License No.
Address R2 Douglass KS
Signed Richard Bradly Date 7-2-79
Authorized representative

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

Form WWC-5

MI-1023