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

WATER WELL RECORD
KSA 82a-1201-1215

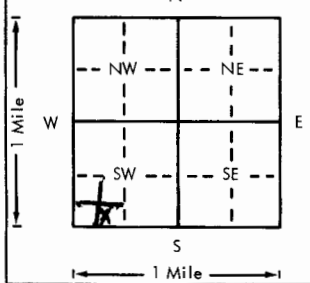
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Butler	SE 1/4 SW 1/4 SW 1/4	16	T 29 S	R 3 (E) W

2. Distance and direction from nearest town or city: 2½ S 1½ E
Street address of well location if in city: of Rose Hill

3. Owner of well: Robert Herrman
R.R. or street: RI Box 22
City, state, zip code: Rose Hill Ks 67039

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8¼ in. Completion date 11-14-78
Well depth 50 ft.

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

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

9. Casing: Material PITS Height: Above or below
Threaded ___ Welded Glue Surface 14 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 50 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 gray brown	1	5
clay yellow green	5	17
clay Rusty P,NK	17	23
Shale Light gray	23	35
Shale blue gray	35	50
(water at 35ft)		

(Use a second sheet if needed)

10. Screen: Manufacturer's name SUNFLOWER MFG Inc
Type RMP Dia. 5"
Slot/gauze 16 Length 10'
Set between 40 ft. and 50 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material ⅛-¼

11. Static water level: mo./day/yr.
20 ft. below land surface Date 11-14-78

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:
__ Pitless adapter 14" Inches above grade

15. Well grouted? yes
With: __ Neat cement __ Bentonite X Concrete
Depth: From 10 ft. to 0 ft.

16. Nearest source of possible contamination:
ft. 200 Direction west Type Barn
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

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 Box 217A Douglass Ks
Signed Richard Bradley Date 11-14-78
Authorized representative

T 29 — R 3 W — Sec 16 — 1/4 SE 1/4 SW 1/4 SW 1/4

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

Form WWC-5

MI-1023