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

WATER WELL RECORD
KSA 82a-1201-1215

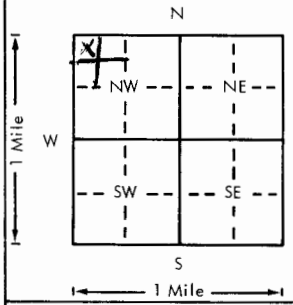
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Butler	NW1/4 NW1/4 NW1/4	1	T 29 S	R 4 E/W

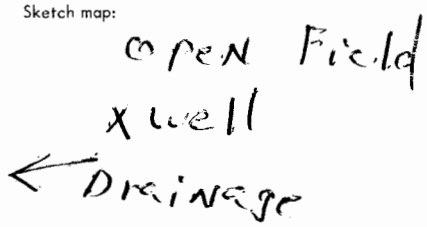
2. Distance and direction from nearest town or city: 3E 3N of
Street address of well location if in city: Douglass KS

3. Owner of well: Tom Kirkland
R.R. or street: R2
City, state, zip code: Cheney Ks 67025

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 2.5 in. Completion date 6-14-79
Well depth 55 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 PVC Height: Above or ~~below~~
Threaded ___ Welded glue Surface 14 in.
RMP ___ X ___ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 55 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	1	20
clay Rusty Red	20	42
Limestone yellow	42	55
(water at 45')		
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower Mfg
Type RMP Dia. 5"
Slot/gauze 1/16 Length 20
Set between 35 ft. and 55 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/4 - 3/4

11. Static water level: mo./day/yr.
21 ft. below land surface Date 6-14-79

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: NO mo./day/yr.
___ Yes ___ No Date ___

14. Well head completion:
X Pitless adapter 14 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:
X Hill
___ Slope
___ Upland
___ Valley

19. Remarks: owner will Install Concrete 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 Douglass KS
Signed Richard Braddy Date 6-14-79
Authorized representative

T 29 — R 4 E/W — Sec 1 — 1/4 NW 1/4 NW 1/4 NW

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

Form WWC-5

MI-1023