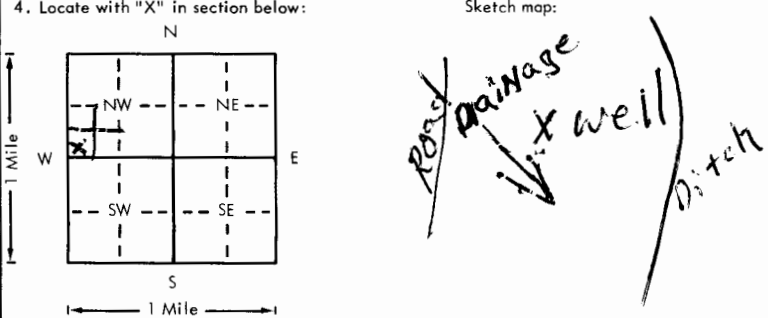


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>SW 1/4 SW 1/4 NW 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Section number<br><b>22</b> | Township number<br><b>T 29 S</b> | Range number<br><b>R 5 E</b> |
| 2. Distance and direction from nearest town or city:<br><b>5 mile So of Smileyville</b>                                                                         |                                                                                                                                                                                                                                                                                                                                                                                | 3. Owner of well: <b>Gary Cathey</b><br>R.R. or street: <b>R #2</b><br>City, state, zip code: <b>Douglas, KS 67039</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                  |                              |
| 4. Locate with "X" in section below:<br>                                       |                                                                                                                                                                                                                                                                                                                                                                                | 6. Bore hole dia. <b>8.5</b> in. Completion date <b>9-19-78</b><br>Well depth <b>130</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 checked="" type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                                                                                                       |                             |                                  |                              |
|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                | 9. Casing: Material <b>PITS</b> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <b>GLUE</b> Surface <b>48</b> in.<br>RMP <b>X</b> PVC <input type="checkbox"/> Weight <b>48</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>36</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200</b>                                                                                                                                                             |                             |                                  |                              |
|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                | 10. Screen: Manufacturer's name <b>NO SCREEN</b><br>Type <input type="checkbox"/> Dia. <input type="checkbox"/><br>Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/><br>Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>                                                                                                                |                             |                                  |                              |
|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                | 11. Static water level: <input type="checkbox"/> mo./day/yr.<br><b>30</b> ft. below land surface Date <b>9-19-78</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                  |                              |
|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                | 12. Pumping level below land surfaces: <b>NC</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 type="checkbox"/> Pitless adapter <b>48</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>10</b> ft. to <b>0</b> ft.                                                                                                                                                                                                                                                                                                                                      |                             |                                  |                              |
|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                | 16. Nearest source of possible contamination:<br>ft. <b>80</b> Direction <b>East</b> Type <b>Ditch</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                              |                             |                                  |                              |
|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                | 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 |                             |                                  |                              |
|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                | (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                  |                              |
| 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 | 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</b><br>Business name <b>R2 Box 217A Douglas KS</b> License No. <b>1/4</b><br>Address <b>Richard Braddy</b> date <b>9-19-78</b><br>Signed <b>Richard Braddy</b> Authorized representative |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                  |                              |

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

Form WWC-5