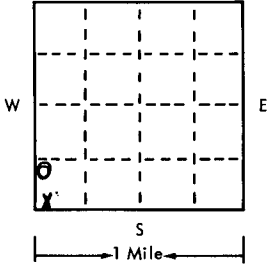


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Dickinson	Township name Lincoln	Fraction SW 1/4-SW 1/4-NW 1/4	Section number 24	Town number T-13-S	Range number R-1-E
Distance and direction from nearest town or city: 2 mile West of Abilene on old US 40				3 Owner of well: AL Hoch Address: Rt 4 Abilene		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: ccc		4 Well depth: 63 ft. Date of completion 7 May 75 Well diameter 10 in.		
2 Type and color of material				5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
				6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
From To				7 Casing: Material Stave Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. Weight 200 lbs./ft. 5 in. to 43 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Manufacturer Sunflower Type Styrene Dia. 5" <input checked="" type="checkbox"/> Sloy gauze 1/4" Length 20' Set between 43 ft. and 63 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" or Less		
(use a second sheet if needed)				9 Static water level: 14 ft. below land surface Date 7 May 75		
				10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 6 g.p.m.		
16 Remarks: elevation Concrete Slab. to be installed by AL Hoch after pump installation				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade 18		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 4 ft.		
				14 Nearest source of possible contamination: ft. 100 Direction _____ Type None Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
17 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. Zinn Water Well Drilling 218 Business name License No. _____ Address Post Springs, Kan Signed Joseph A. Zinn Date 10 May 75 Authorized representative				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5