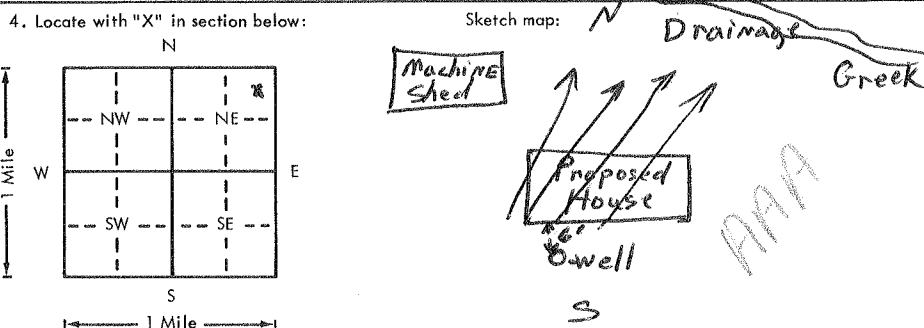


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Dickinson	Fraction NE 1/4 NE 1/4 NE 1/4	Section number 6	Township number T 13 S R 2	Range number 2
2. Distance and direction from nearest town or city: Street address of well location if in city: 2 mile West 2 mile North of Abilene			3. Owner of well: Raymond Engle R.R. or street: RT 4 City, state, zip code: Abilene, Kan			
4. Locate with "X" in section below: Sketch map: N Drainage Creek 			6. Bore hole dia. 2 1/4 in. Completion date 7 Oct Well depth 60 ft.			7. <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
5. Type and color of material			From	To	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water. <input type="checkbox"/> Other	
Top Soil Blk			0	6	9. Casing: Material RMP Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 16 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight 16 lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>	
Clay Brn			6	8	10. Screen: Manufacturer's name JEL Type RMP Dia. 5 Slot/gauze 1/8 Length 11' Set between 49 ft. and 60 ft. Gravel pack? NO Size range of material <input type="checkbox"/>	
LIME Shell wht			8	9	11. Static water level: <input type="checkbox"/> mo./day/yr. 30 ft. below land surface Date 10-7-75	
Shale - Yel			9	16	12. 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.	
Shale - Lite Grey			16	19	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
shale - Blu			19	22	14. Well head completion: <input type="checkbox"/> Pitless adapter 16 Inches above grade	
LIME - wht.			22	26	15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.	
Shale - Powder Blu			26	27	16. Nearest source of possible contamination: ft. 300 Direction NE Type Creek Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Red Rock - Red			27	37	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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	
Shale - Lite Grey			44	48	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. Zinn Water Well Drilling 218 Business name _____ License No. _____ Address Lost Springs, Kan Signed Joseph A. Zinn Date 10-20-75 Authorized representative	
LIME - Crevice wht Water @ 49'			48	52		
Lime - Grey - Very hard			52	60		
Shale - Blu			60			
(Use a second sheet if needed)						
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: Concrete slab to be installed by Plumber Eric Febbus.				

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

Form WWC-5