

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

Well #1 - 26227

1. Location of well:		County <i>Morris</i>	Fraction <i>NE 1/4 SE 1/4 SE 1/4</i>	Section number <i>27</i>	Township number T <i>15</i> S	Range number R <i>8</i> <i>(EW)</i>
2. Distance and direction from nearest town or city: <i>4 Mile North of Council Grove, Kan</i>			3. Owner of well: <i>Don Hunter</i> R.R. or street: <i>Council Grove, Kansas</i> City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>6 3/4</i> in. Completion date <i>12-6-75</i> Well depth <i>85</i> ft.		
		<p><i>No house Now</i> <i>DDAC</i></p>		7. <input checked="" type="checkbox"/> Cable tool <input 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		
<i>LIME Broken wht</i>		<i>0</i>	<i>4</i>	9. Casing: Material <i>RMP</i> Height: <i>(Above or below)</i> Threaded <input type="checkbox"/> Welded <i>g1</i> Surface <i>16</i> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <i>16</i> lbs./ft. Dia. <i>5</i> in. to <i>68</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>1200</i>		
<i>Shale - Gray</i>		<i>4</i>	<i>16</i>	10. Screen: Manufacturer's name <i>Jesse Lowe</i> Type <i>RMP</i> Dia. <i>5"</i> <input checked="" type="checkbox"/> Slot/gauze <i>1/8"</i> Length <i>17</i> Set between <i>68</i> ft. and <i>85</i> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <i>NO</i> Size range of material		
<i>LIME - wht</i>		<i>16</i>	<i>18</i>	11. Static water level: <i>68</i> ft. below land surface Date <i>12-6-75</i> mo./day/yr.		
<i>Shale - Lite</i>		<i>18</i>	<i>20</i>	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <i>25</i> g.p.m.		
<i>LIME - wht</i>		<i>20</i>	<i>22</i>	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
<i>Shale - Gray with Lime shell</i>		<i>22</i>	<i>28</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter <i>16</i> Inches above grade		
<i>Shale - Blu</i>		<i>28</i>	<i>31</i>	15. Well grouted? <i>Yes</i> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>3</i> ft. to <i>17</i> ft.		
<i>Flint on LIME - Gray</i>		<i>31</i>	<i>37</i>	16. Nearest source of possible contamination: ft. <i>200</i> Direction <i>West</i> Type <i>Lake</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<i>LIME - Brownish</i>		<i>37</i>	<i>44</i>	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number HP Volts Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
<i>Shale - Gray</i>		<i>44</i>	<i>46</i>	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. <i>Zinn Water Well Drilling 218</i> Business name License No. Address <i>East Springs, Kan</i> Signed <i>Joseph A. Zinn</i> Date <i>12-13-75</i> Authorized Representative		
<i>LIME - Gray</i>		<i>46</i>	<i>49</i>			
<i>Shale - Dark Blu</i>		<i>49</i>	<i>51</i>			
<i>Flint - Gray</i>		<i>51</i>	<i>52</i>			
<i>Shale - Lite Gray</i>		<i>52</i>	<i>54</i>			
<i>LIME Shell - Gray</i>		<i>54</i>	<i>55</i>			
(Use a second sheet if needed) <i>Cont</i>						
18. Elevation:		19. Remarks: <i>Concret slab installed 3' below ground level</i>		20. Water well contractor's certification: (continued)		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

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

Well #1-26f27 Cont.

1. Location of well:	County <i>Morris</i>	Fraction <i>NE 1/4 SE 1/4 SE 1/4</i>	Section number <i>27</i>	Township number T <i>15</i> S	Range number R <i>8</i> EW
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map:		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.	
		7. <input type="checkbox"/> Cable tool <input 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		8. Use: <input 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	
				9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____
<i>Shale - Gray</i>			<i>55</i>	<i>56</i>	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
<i>Broken Lime & Shale - Yellow</i>			<i>56</i>	<i>59</i>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
<i>LIME - Soft - wht.</i>			<i>59</i>	<i>68</i>	13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____
<i>Soft Shale - Reddish Brn H₂O 68'</i>			<i>68</i>	<i>72</i>	14. Well head completion: _____ Pitless adapter _____ Inches above grade
<i>Flint on LIME - Gray Very Abrasive</i>			<i>72</i>	<i>77</i>	15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.
<i>Shale Gray</i>			<i>77</i>	<i>85</i>	16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No
(Use a second sheet if needed)					17. Pump: _____ 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 _____ 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. Business name _____ License No. _____ Address _____ Signed _____ Authorized representative _____ Date _____		

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