

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 # 2 - 46-47

1. Location of well:		County Morris	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 27	Township number T 15 S R 8	Range number 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:			Sketch map:		6. Bore hole dia. 6 1/2 in. Completion date 12-10-75 Well depth 75 ft.	
					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	
Top - Blk			0	4	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 _____ lbs./ft. Dia. 5 in. to 48 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 1200	
Clay - Joint - Reddish Brown			4	7	10. Screen: Manufacturer's name Jess & Lowell Type RMP Dia. 5" Slo gauze Y8 Length 27' Set between 48 ft. and 75 ft. Gravel pack? NO Size range of material _____	
Shale - Yellow			7	9	11. Static water level: _____ mo./day/yr. 48 ft. below land surface Date 12-10-75	
LIME ON FLINT Gray			9	12	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5 g.p.m.	
Broken LIME - Gray			12	13	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Flint on LIME Gray			13	16	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade	
LIME - Brownish			16	20	15. Well grouted? Yes With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 3 ft. to 14 ft.	
Shale - Gray			20	21	16. Nearest source of possible contamination: ft. 60 Direction NE Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
LIME - Gray			21	22	17. Pump: _____ <input checked="" type="checkbox"/> Not installed Manufacturer's name At this time 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 - Dark Blu			22	25	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 East Springs, Kan Signed Joseph A. Zinn Date 12-13-75 Authorized representative	
Flint - Gray			25	28		
Shale - Lite Gray			28	29		
LIME Shell- Gray			29	30		
Shale - Gray			30	32		
Broken LIME & Shale Yellow			32	35		
(Use a second sheet if needed) Cont						
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		Concrete slab installed 3' below ground level				

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.

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

Well # 2-46-47 Cont.

1 Location of well:	County <i>Morris</i>	Township name	Fraction <i>SE-SE-SE</i>	Section number <i>27</i>	Town number <i>15 S</i>	Range number <i>8 E</i>
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: <i>Don Hunter</i> Address:			
Locate with "X" in section below: <div style="text-align: center;"> </div>			Sketch map:			4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in.
			5 <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			
			6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____			
			7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth! Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth!			
			8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
2 Type and color of material			From	To	9 Static water level: _____ ft. below land surface Date _____	
<i>LIME - soft - wht</i>			<i>35</i>	<i>48</i>	10 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>Soft shale - Reddish Brn. H₂O 50'</i>			<i>48</i>	<i>52</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
<i>Flintor Lime - Gray Very Abrasive</i>			<i>52</i>	<i>55</i>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
<i>Shale - Blu</i>			<i>55</i>	<i>60</i>	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
<i>Shale - Gray</i>			<i>60</i>	<i>67</i>	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Red Rock - Red</i>			<i>67</i>	<i>74</i>	15 Pump: <input 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	
<i>Shale - Gray</i>			<i>74</i>	<i>75</i>	16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
(use a second sheet if needed)					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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative	

15 82 78 71 SE SE SE