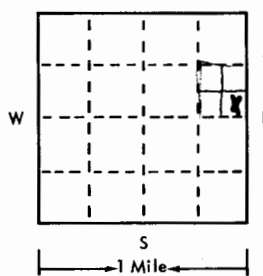


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Lyon	Fraction SE 1/4 - SE 1/4 - NE 1/4	Section number 11	Town number T16 S	Range number R4 E
Distance and direction from nearest town or city: 1/4 mile North of Herington				3 Owner of well: Agriculture Service Center Address: Herington, Kansas		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		4 Well depth: 84 ft. Date of completion: 5-15-75 Well diameter 12 in.
2 Type and color of material				From	To	5 <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
						6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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 PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 8 in. to 60 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 8 in. to 60 ft. depth Weight _____ lbs./ft. _____
						8 Screen: Manufacturer Certain Teed Type PVC Dia. 8" Slot/gauze 28" Length 24 ft Set between 60 ft. and 84 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2"
						9 Static water level: 13 ft. below land surface Date 5-15-75
						10 Pumping level below land surfaces: 70 ft. after 4 hrs. pumping 70 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 70 g.p.m.
						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
						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 13 ft.
						14 Nearest source of possible contamination: ft. 100 Direction NE Type Fertilizer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Gould Model number UHS HP 5 Volts 230 Length of drop pipe 78 ft. capacity 110 g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
16 Remarks: elevation Cement slab installed by Agriculture Service Center						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. Zimm Water Well Drilling 218 Business name _____ License No. _____ Address Lost Springs, Kan Signed Joseph A Zimm Date 24 May 75 Authorized representative

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

Form WWC-5