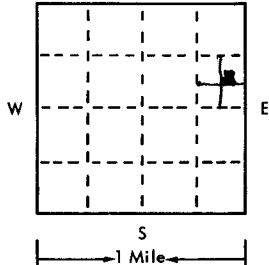


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <u>Dickinson</u>	Township name <u>Lyon</u>	Fraction <u>NE-SE-NE</u>	Section number <u>13</u>	Town number <u>16</u>	Range number <u>4 E</u>	
Distance and direction from nearest town or city: <u>South East edge of Herington</u>			3 Owner of well: <u>Dr. Uhlig</u>				
Street address of well location if in city:			Address: <u>Herington, Kan.</u>				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>80</u> ft. Date of completion <u>6 Aug 75</u> Well diameter <u>6 1/4</u> 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		
			Top Soil	0	3	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"/>	
			Lime - wht.	3	5	7 Casing: Material <u>RMP</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>1 1/2</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>65</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
			Shale - Lite	5	8	8 Screen: Manufacturer <u>JEL</u> Type <u>RMP</u> Dio. <u>5</u> Slot/gauze <u>Slot 1/8"</u> Length <u>15</u> Set between <u>65</u> ft. and <u>80</u> ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____	
			LIME	9	12	9 Static water level: <u>58</u> ft. below land surface Date <u>6 Aug 75</u>	
			Shale Yel	12	18	10 Pumping level below land surfaces: <u>58</u> ft. after <u>4</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
			LIME Yel	18	20	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
			Shale Grey	20	23	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
			LIME Grey	23	26	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 <u>23</u> ft. to <u>13</u> ft.	
			Shale Lite	26	33	14 Nearest source of possible contamination: ft. <u>50</u> Direction <u>Down hill</u> Type <u>Pond</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Red Rock Red	33	40	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Grundfos</u> <u>Bucks</u> Model number <u>USED</u> HP <u>1/2</u> Volt <u>230</u> Length of drop pipe <u>70</u> ft. capacity <u>10</u> g.p.m. 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				
Shale Lite Brn	40	43	16 Remarks: elevation <u>Cement slab installed, below pitless adapter</u>				
Broken Lime Yel	43	55					
LIME Grey	55	66					
Shale Lite Brn	66	72	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. <u>Zinn Water Well Drilling 218</u> Business name _____ License No. _____ Address <u>Lost Springs, Kan</u> Signed <u>Joseph A. Zinn</u> Date <u>10 Aug 75</u> Authorized representative				
Broken Lime Yel	72	80					
LIME Grey	80						

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

Form WWC-5