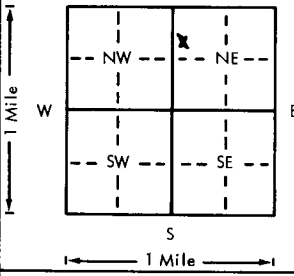


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Morris</u>	Fraction <u>SW 1/4 NW 1/4 NE 1/4</u>	Section number <u>E 7</u>	Township number <u>T 16 S</u>	Range number <u>R 80 W</u>
2. Distance and direction from nearest town or city: <u>4 mile West & 2 North of Council Grove</u>			3. Owner of well: <u>Marge Carter</u> R.R. or street: <u>RR1</u> City, state, zip code: <u>Council Grove Ks</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>6 3/4</u> in. Completion date <u>8-4-70</u> Well depth <u>141</u> 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	
<u>Topsoil</u>		<u>0</u>	<u>1</u>	9. Casing: Material <u>PIPs</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>glw</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC Weight <u> </u> lbs./ft. Dia. <u>5</u> in. to <u>127</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>1200</u>	
<u>Red Clay & Gravel</u>		<u>1</u>	<u>6</u>	10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>RMP</u> Dio. <u>5 1/2</u> Slot gauze <u>18</u> Length <u>14</u> Set between <u>127</u> ft. and <u>141</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>NO</u> Size range of material <u> </u>	
<u>LIME/Flint with occasional Shale Strips</u>		<u>6</u>	<u>73</u>	11. Static water level: <u> </u> mo./day/yr. <u>60</u> ft. below land surface Date <u>8-4-70</u>	
<u>Shale - Gray</u>		<u>73</u>	<u>86</u>	12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>20 +</u> g.p.m.	
<u>LIME/Flint with occasional Shale Strips</u>		<u>86</u>	<u>118</u>	13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
<u>LIME with Strips of Blue Flint</u>		<u>118</u>	<u>127</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> Inches above grade	
<u>Crevice</u>		<u>127</u>	<u>128</u>	15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
<u>Shale - Black</u>		<u>128</u>	<u>141</u>	16. Nearest source of possible contamination: ft. <u>50</u> Direction <u>NW</u> Type <u>Sewage</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(Use a second sheet if needed)				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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	
18. Elevation:	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. <u>Zinn Water Well Drilling</u> <u>218</u> Business name License No. Address <u>Lost Springs, Ks</u> Signed <u>Joseph A. Zinn</u> Date <u>8-22-70</u> Authorized representative		

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

Form WWC-5