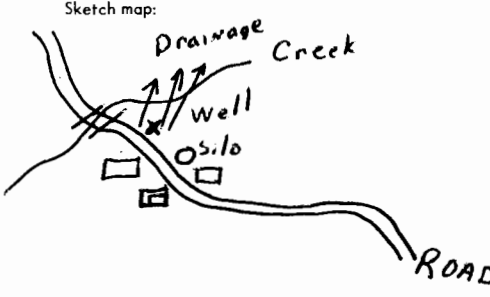


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Morris</b>	Section number <b>35</b>	Township number <b>T 17 S R 6 E</b>	Range number <b>6 E</b>
2. Distance and direction from nearest town or city: <b>1 mile South of Diamond Springs</b> Street address of well location if in city:			3. Owner of well: <b>Gene Barr</b> R.R. or street: <b>RR</b> City, state, zip code: <b>Burdick, Ks</b>		
X Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 			
5. Type and color of material		6. Bore hole dia. <b>6 3/4</b> in. Completion date <b>3-19-79</b> Well depth <b>47</b> ft.			
		7. 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			
		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			
		9. Casing: Material <b>PIES</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <b>glu</b> Surface <b>16</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>13</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1200</b>			
		10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>RMP</b> Dia. <b>5 1/2</b> Slot gauge <b>1/8</b> Length <b>34</b> Set between <b>13</b> ft. and <b>47</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-1/4</b>			
		11. Static water level: <input type="checkbox"/> mo./day/yr. <b>13</b> ft. below land surface Date <b>3-19-79</b>			
		12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>12</b> g.p.m.			
		13. Water sample submitted: <input type="checkbox"/> ma./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
		14. Well head completion: Pitless adapter <b>16</b> Inches above grade			
		15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.			
		16. Nearest source of possible contamination: ft. <b>80</b> Direction <b>NW</b> Type <b>Creek</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> 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			
18. Elevation:		19. Remarks: <b>Concrete slab to be responsibility of owner</b>			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		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. <b>Zinn Water Well Drilling</b> <b>218</b> Business name License No. Address <b>Lost Springs, Ks</b> Signed <b>Joseph A. Zinn</b> Date <b>3-19-79</b> Authorized representative			

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

Form WWC-5