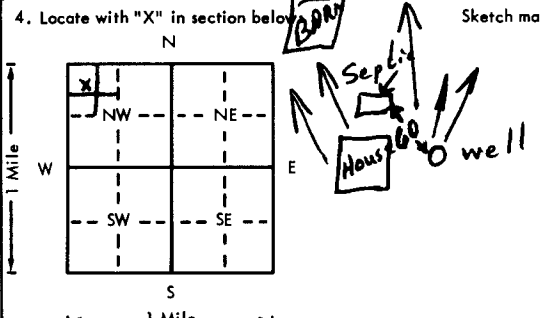


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>25</b>	Township number <b>T 17 S R 9 E</b>	Range number <b>9</b>																																														
2. Distance and direction from nearest town or city: <b>1 1/2 mile south of Dunlap</b>			3. Owner of well: <b>STEVE WIARD</b> R.R. or street: <b>1420 W MAIN</b> City, state, zip code: <b>Council Grove, Kan</b>																																																	
4. Locate with "X" in section below: 			6. Bore hole dia. <b>6 1/2</b> in. Completion date <b>1-3-76</b> Well depth <b>62</b> ft.																																																	
5. Type and color of material			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																																																	
			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>RMP</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>50</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"</b> Slot/gauze <b>1/8</b> Length <b>10'</b> Set between <b>50</b> ft. and <b>60</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Grovel pack? <b>NO</b> Size range of material <input type="checkbox"/>																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>Top Soil - Blk</td><td>0</td><td>2</td></tr> <tr><td>Clay - soft Brn</td><td>2</td><td>8</td></tr> <tr><td>LIME Broken - wht</td><td>8</td><td>10</td></tr> <tr><td>Shale - Lite</td><td>10</td><td>15</td></tr> <tr><td>LIME - wht</td><td>15</td><td>16</td></tr> <tr><td>Shale - Dark Blw</td><td>16</td><td>24</td></tr> <tr><td>LIME - Gray</td><td>24</td><td>26</td></tr> <tr><td>Shale - Dark Gray</td><td>26</td><td>27</td></tr> <tr><td>LIME - Gray</td><td>27</td><td>30</td></tr> <tr><td>Shale - Blw</td><td>30</td><td>32</td></tr> <tr><td>LIME - Gray</td><td>32</td><td>33</td></tr> <tr><td>Shale - Blk</td><td>33</td><td>37</td></tr> <tr><td>LIME - Gray</td><td>37</td><td>39</td></tr> <tr><td>Shale - Gray</td><td>39</td><td>43</td></tr> <tr><td>LIME - Gray</td><td>43</td><td>45</td></tr> </tbody> </table>				From	To	Top Soil - Blk	0	2	Clay - soft Brn	2	8	LIME Broken - wht	8	10	Shale - Lite	10	15	LIME - wht	15	16	Shale - Dark Blw	16	24	LIME - Gray	24	26	Shale - Dark Gray	26	27	LIME - Gray	27	30	Shale - Blw	30	32	LIME - Gray	32	33	Shale - Blk	33	37	LIME - Gray	37	39	Shale - Gray	39	43	LIME - Gray	43	45	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>18</b> ft. below land surface Date <b>1-3-76</b>	
				From	To																																															
			Top Soil - Blk	0	2																																															
			Clay - soft Brn	2	8																																															
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LIME - Gray	43	45																																																		
12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>10-13</b> g.p.m.																																																				
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>																																																				
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>16</b> Inches above grade																																																				
15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>16</b> ft.																																																				
16. Nearest source of possible contamination: ft. <b>60</b> Direction <b>NW</b> Type <b>Septic</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																																																				
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 218</b> Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address <b>East Springs, Kan</b> Signed <b>Joseph A. Zinn</b> Date <b>1-4-76</b> Authorized representative																																																				
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																																																				
19. Remarks: <b>Concrete slab to be installed by customer. He knows this is a regulation</b> <b>x Steve Wiard</b>																																																				

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

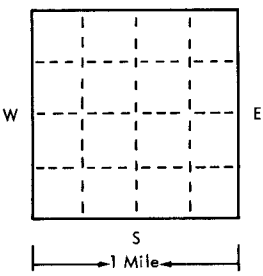
Form WWC-5

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

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:		County <b>Cent</b> <b>Morris</b>	Township name	Fraction <b>NW-<del>NW</del>-NW</b>	Section number <b>25</b>	Town number <b>T17 S</b>	Range number, <sup>9?</sup> <b>R8 E</b>
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: <b>STEVE WIARD</b> Address: <b>1420 W Main</b> <b>Council Grove, Kan</b>			
Locate with "X" in section below: 				Sketch map:			
2 Type and color of material				From	To	4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in.	
<b>Shale - Gray soft</b>				<b>45</b>	<b>52 1/2</b>	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	
<b>LIME Crevice - water</b>				<b>52 1/2</b>	<b>55</b>	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"/> _____	
<b>LIME Solid - Gray</b>				<b>55</b>	<b>61</b>	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	
<b>Shale - Blk</b>				<b>61</b>	<b>62</b>	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 _____	
						9 Static water level: _____ ft. below land surface Date _____	
						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.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
						12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
						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.	
						14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						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	
(use a second sheet if needed)							
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				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			

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

Form WWC-5