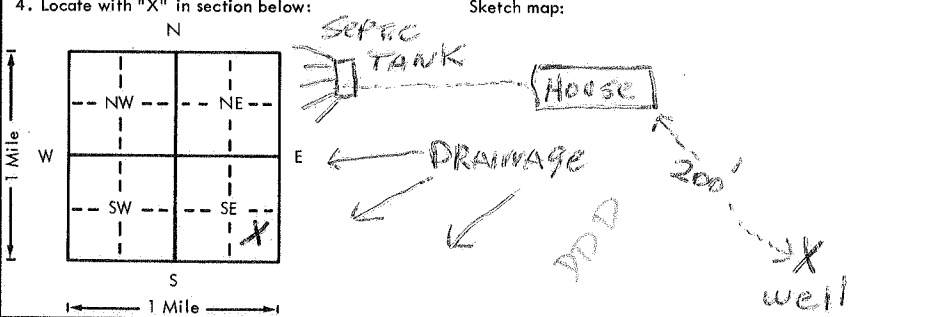


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 LYON	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 21	Township number T 18 S R 11	Range number 11
2. Distance and direction from nearest town or city: 3 N Street address of well location if in city: OF EMPORIA, KS			3. Owner of well: OTTO ZIEGLER R.R. or street: RT 1 City, state, zip code: EMPORIA, KS.			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 10 in. Completion date 11-10-75 Well depth 80 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		
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
TOP SOIL		0		4		9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 2.33 lbs./ft. Dia. 5 in. to 80 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 214
BROWN CLAY (SOFT)		4		24		10. Screen: Manufacturer's name PUMPCO Type PVC Dia. 5' Slot/gauze 30 Length 20' Set between 15 ft. and 35 ft. Gravel pack? yes Size range of material 20-40
LIMESTONE (SOFT-BROKEN-LOOSE-FINE)		24		26		11. Static water level: 20 ft. below land surface Date 11-10-75 mo./day/yr.
SHALE (GREY-HARD)		26		53		12. Pumping level below land surfaces: AIR TEST 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 4 g.p.m.
LIMESTONE (GREY)		53		59		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
SHALE (GREY-HARD)		59		71		14. Well head completion: NOT INSTALLED <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
LIMESTONE (GREY-FINE)		71		73		15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 48 ft.
SHALE (GREY-HARD)		73		80		16. Nearest source of possible contamination: SEPTIC TANK ft. 300 Direction NW Type <input type="checkbox"/> 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. Strader Dalg Co Inc 182 Business name License No. Address RT 1 HOLTON, KS Signed Dale Robison Date 11-11-75 Authorized representative
18. Elevation:		19. Remarks: OTTO ZIEGLER will install slab				
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5