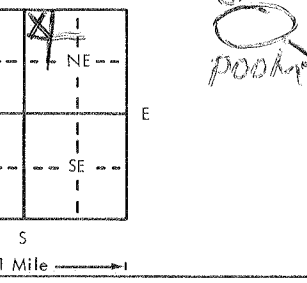


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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: Lyon		County N.W. 1/4 N.W. 1/4 N.E. 1/4		Fraction 21		Township number T 18 S R 11 E		Range number S 11																						
2. Distance and direction from nearest town or city: Emporia, 4 North <u>1 1/2 W., 3/4 S., 1/8 W.</u> <small>Street address of well location if in city:</small>					3. Owner of well: Gary Zeigler R.R. or street: RFD2 Emporia, Kan., 66801 City, state, zip code:																									
4. Locate with "X" in section below: 					6. Bore hole dia. <u>9</u> in. Completion date <u>9/20/78</u> Well depth <u>33</u> ft. 7. <input checked="" type="checkbox"/> Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary 8. Use: <input checked="" type="checkbox"/> Domestic ___ Public supply ___ Industry ___ Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other 9. Casing: Material <u>plst</u> Height: Above or below Threaded ___ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP ___ PVC <input checked="" type="checkbox"/> Weight <u>1.9</u> lbs./ft. Dia. <u>6</u> in. to <u>33</u> ft. depth Wall Thickness, inches or Dia. ___ in. to ___ ft. depth Gage No. <u>.250</u>																									
5. Type and color of material <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, Black</td> <td>0</td> <td>2</td> </tr> <tr> <td>Clay, Light Yellow, V. F.</td> <td>2</td> <td>15</td> </tr> <tr> <td>Clay, Dark Brown, V. H.</td> <td>15</td> <td>22</td> </tr> <tr> <td>Sand & Silt, Yellow, V. F.</td> <td>22</td> <td>28</td> </tr> <tr> <td>Sand C.</td> <td>28</td> <td>30</td> </tr> <tr> <td>Gravel, C.</td> <td>30</td> <td>33</td> </tr> </tbody> </table>						From	To	Top Soil, Black	0	2	Clay, Light Yellow, V. F.	2	15	Clay, Dark Brown, V. H.	15	22	Sand & Silt, Yellow, V. F.	22	28	Sand C.	28	30	Gravel, C.	30	33	10. Screen Manufacturer's name <u>Sunflower</u> <u>Sub Set Styrene</u> Type <u>250</u> Dia. <u>6</u> Slot/gauze <u>1/16</u> Length <u>10</u> Set between <u>23</u> ft. and <u>33</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-1/2 in</u> 11. Static water level: _____ mo./day/yr. <u>23</u> ft. below land surface Date _____ 12. 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. 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade 15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement ___ Bentonite ___ Concrete Depth: From <u>Grade</u> ft. to <u>10</u> ft. 16. Nearest source of possible contamination: <u>180</u> ft. Direction <u>South</u> Type <u>Cesspool</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ___ No 17. Pump: Not installed Manufacturer's name <u>Gould's</u> Model number <u>J03</u> HP <u>1/3</u> Volts <u>120</u> Length of drop pipe <u>31</u> ft. capacity <u>?</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible ___ Turbine ___ Jet ___ Reciprocating ___ Centrifugal ___ Other				
	From	To																												
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(Use a second sheet if needed)																														
18. Elevation: Flat Topography: ___ Hill ___ Slope ___ Upland ___ Valley		19. Remarks: Owner to pour cement slab			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. C & C WELL DRILLING 346 Business name License No. Address Box 31, Americus, Kan. 66801 Signed <u>Mart T. Cap</u> Date <u>9/25/78</u> Authorized representative																									

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

Form WWC-5