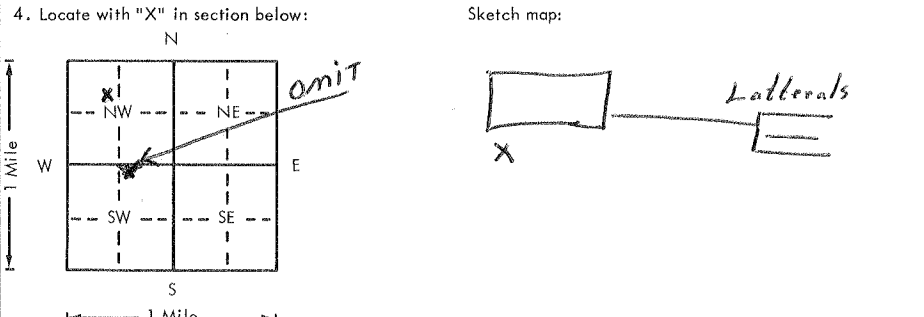


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Lyon</u>	Fraction <u>SE NW NW</u> <del>NW</del> 1/4 <u>NE</u> 1/4 <del>SW</del> 1/4	Section number <u>24</u>	Township number T <u>19</u> S R	Range number <u>11</u> EW
2. Distance and direction from nearest town or city: <u>1 mile East</u> Street address of well location if in city: <u>1 1/2 mile South of Emporia</u>		3. Owner of well: <u>T.R. Barnhart</u> R.R. or street: <u>R 1 Box 17</u> City, state, zip code: <u>Emporia, Ks</u>			
4. Locate with "X" in section below: 			6. Bore hole dia. <u>7</u> in. Completion date <u>10-1-79</u> Well depth <u>46</u> 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		
From To			9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>16</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth! Wall Thickness: inches or Dia. _____ in. to _____ ft. depth! Gauge No. <u>200</u>		
			10. Screen: Manufacturer's name <u>Jess Lowe</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/6</u> Length <u>18</u> Set between <u>28</u> ft. and <u>43-46</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/8-3/8</u>		
Topsoil			28 8		
Shale- Yel			8 14		
Clay- Red			14 28		
Gravel- Brn Flint			28 32		
Shale Blue			32 36		
Lime & Flint			36 41		
Shale - Gray			41 46		
(Use a second sheet if needed)			11. Static water level: _____ mo./day/yr. <u>28</u> ft. below land surface Date <u>10-1-79</u>		
			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. <u>20</u>		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
			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.		
			16. Nearest source of possible contamination: ft. <u>60</u> Direction <u>East</u> Type <u>Sewage</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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: <u>Top 14 ft is 10" Bore</u>		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 Drlg</u> <u>218</u> Business name _____ License No. _____ Address <u>Box 560, Lost Springs, Ks</u> Signed <u>Joseph A. Zinn</u> Date <u>12-24-79</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

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

Form WWC-5

T 19 21 24 27 29 31 33 35 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 73 75 77 79 81 83 85 87 89 91 93 95 97 99