

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>NW 1/4 NW 1/4 SW 1/4</u>	Section number <u>24</u>	Township number T <u>19</u> S R	Range number <u>11</u> <u>EW</u>
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 S. of Emporia</u>			3. Owner of well: <u>T.R. Barnhardt</u> R.R. or street: <u>R 1</u> City, state, zip code: <u>Emporia, Kan</u>		
4. Locate with "X" in section below:		Sketch map:			
5. Type and color of material			From	To	6. Bore hole dia. <u>6 5/8</u> in. Completion date <u>27 Jun 78</u> Well depth <u>46</u> ft.
<u>Back Fill</u> <u>Blk</u>			<u>0</u>	<u>2</u>	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
<u>Topsoil</u> <u>Blk</u>			<u>2</u>	<u>8</u>	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
<u>Shale</u> <u>Yel</u>			<u>8</u>	<u>11</u>	9. Casing: Material <u>Pls</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>glu</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>5</u> in. to <u>28</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>1200</u>
<u>Clay</u> <u>Red</u>			<u>11</u>	<u>28</u>	10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>YB</u> Length <u>18</u> Set between <u>28</u> ft. and <u>46</u> ft. ft. and <u> </u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/4-1/2</u>
<u>Gravel</u>			<u>28</u>	<u>33</u>	11. Static water level: <u>28</u> ft. below land surface Date <u>6-27-78</u> mo./day/yr.
<u>Shale</u> <u>Blue</u>			<u>33</u>	<u>36</u>	12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>15</u> g.p.m.
<u>LIME inter layed with Flint</u>			<u>36</u>	<u>41</u>	13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>
<u>Shale - Gray</u>			<u>41</u>	<u>46</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> Inches above grade
					15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" 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>NE</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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. <u>Zinn Water Well Drilling 218</u> Business name <u> </u> License No. <u> </u> Address <u>Host Springs Kan</u> Signed <u>Joseph O. Zinn</u> Date <u>1 Aug 78</u> Authorized representative
18. Elevation:	19. Remarks:				
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 S R 11 EW
Sec 24 NW 1/4 SW 1/4