

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 SW 1/4 SW 1/4 NW 1/4	Section number 24	Township number T 19 S R	Range number 11 EW
2. Distance and direction from nearest town or city: 1 mile E of 1/2 south of Emporia			3. Owner of well: Barney Barnhardt R.R. or street: Rt 1 City, state, zip code: Emporia, Kan		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. 11 in. Completion date 4-13-76 Well depth 45 ft.
Topsoil - Blk			0	6	7. <input type="checkbox"/> 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
Clay - Yellow			6	8	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
Clay - Red			8	26	9. Casing: Material Piles Height: Above or below Threaded <input type="checkbox"/> Welded glu Surface 18 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 33 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200
Clay Sandy - Lite Red			26	34	10. Screen: Manufacturer's name Sunflower Type RMP Dia. 5" Slat/gauze YB Length 12' Set between 33 ft. and 45 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material YB-1/2"
Gravel - 1/4" - 3" Water 34'			34	38 1/2	11. Static water level: <input type="checkbox"/> mo./day/yr. 30 ft. below land surface Date 4-13-76
Shale - Lite Gray			38 1/2	42	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 10 g.p.m.
Shale - Blue			42	45	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date
Flint - Box.			45		14. Well head completion: <input type="checkbox"/> Pitless adapter 18 Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 4 ft. to 14 ft.
					16. Nearest source of possible contamination: ft. 80 Direction East Type Septic 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
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: Re-reinforced concrete slab 4'x4'x4" to be installed by Customer Barney Barnhardt				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. Zinn Water Well Drilling License No. 218 Business name Lost Springs Kan Address Joseph O. Zinn Date 4-18-76 Signed Joseph O. Zinn authorized representative

19 11 24 5/14 1/4 1/4 1/4

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

Form WWC-5