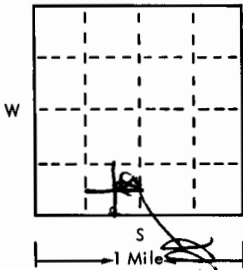
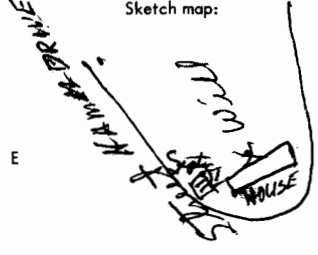


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County BUTLER	Township name BRUNO	Fraction NE 1/4 SE 1/4 SW 1/4	Section number 29	Town number 27S	Range number 3E	
Distance and direction from nearest town or city: 3/4 MILE SO AND OVER ON ROSE HILL ROAD LA REVIEW HEIGHTS ADD.			3 Owner of well: ZINN GONST CO Address: 1440 COLLIER TERRACE WICHITA KANSAS				
Street address of well location if in city: 10110 Hamlen RD							
Locate with "X" in section below: 			Sketch map: 			4 Well depth: 32 ft. Date of completion 9-21-75 Well diameter 8 in.	
2 Type and color of material			From		To		
			Brown Surface Gravel		0	5	
			Yellow Clay		5	14	
			Limestone Rock		14	18	
			Light Gray Water Shale		17	19	
Light Gray Clay		19	32				
					8 Screen: Manufacturer Seamflow Plastic Type RMP Dia. 6" Slot/ gauze 4 drilled Length 15 Set between 17 ft. and 32 ft. Fittings: 3/8" Peer Travel Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material —		
					9 Static water level: 12 ft. below land surface Date 9-21-75		
					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 20 g.p.m.		
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date 9-21-75		
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 16 inches above grade		
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 3 ft. to 16 ft.		
					14 Nearest source of possible contamination: ft. 100 Direction West Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley Customer know requirements on 4' X 4' Concrete Slab Leah P. Zinner					17 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. SIMMONS DRILLING 162 Business name _____ License No. _____ Address 15 E Central Andover Signed Ben Bruggen Date 11-15-75 Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5