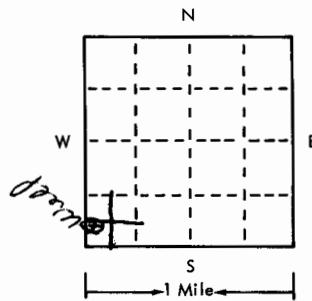
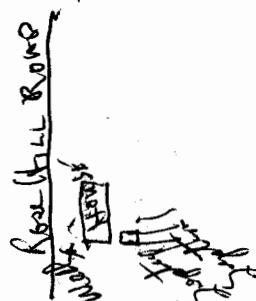
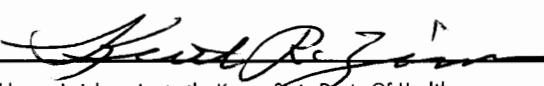


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SW 1/4/SE 1/4/SE 1/4	Section number 29	Town number 275	Range number 32
Distance and direction from nearest town or city: 6 1/2 MI. SO ANDOVER Street address of well location if in city: 1522 Rose Hill Road			3 Owner of well: ZINN GONST Co Address: 1440 COLLEN TERRACE WICHITA, KS			
Locate with "X" in section below: 			Sketch map: 			
4 Well depth:	39 ft.		Date of completion 5-8-75			
	Well diameter 8 in.					
5	<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					
6 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"/> Commercial <input type="checkbox"/> Test well					
7 Casing:	Material RMP Height: above / below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 6 in. to 12 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight _____ lbs./ft. in. to ft. depth					
8 Screen:	Manufacturer Sunflower Plastic Type RMP Dia. 6 1/2 <input checked="" type="checkbox"/> Not gauze 44 drilled Length 20 ft Set between 19 ft. and 39 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____					
9 Static water level:	15 ft. below land surface Date 5-8-75					
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 _____					
12 Well head completion:	<input type="checkbox"/> Pitless adapter Capped _____ 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 15 ft.					
14 Nearest source of possible contamination:	ft. 75 Direction NE 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	Customer knows requirements of 4' x 4' Concrete Slab 					
Topography:	<input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					
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 USE CENTRAL ANDOVER Signed Ben Bruegger Date 1/15/75 Authorized representative _____					

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

Form WWC-5