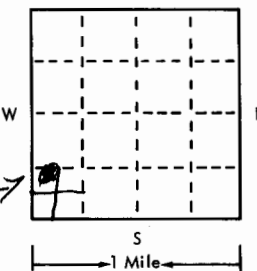


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 BRIND	Fraction NW 1/4 SW 1/4	Section number 29	Town number 27S	Range number 3E	
Distance and direction from nearest town or city: 3 1/2 MI SOUTH ANDOVER			3 Owner of well: ZINN CONST CO				
Street address of well location if in city: 1400 ROSE HILL ROAD			Address: 1440 COLLEN TERRACE WICHITA KS				
Locate with "X" in section below: 			Sketch map: 			4 Well depth: 49 ft. Date of completion 11-6-75 Well diameter 8 in.	
2 Type and color of material			From		To		
			Brom Silt surface		0	4	
			Yellow Clay		4	20	
			Limestone Rock		20	23	
			Light Gray Water Shale		23	25	
Dark Gray Clay		25	31				
Gray Water Shales		31	34				
Gray Clay		34	41				
Limestone Rock		41	44				
Dark Gray Water Shale		44	46				
Dark Gray Clay		46	49				
(use a second sheet if needed)							
8 Screen: Manufacturer Sumflow Plastic Type RMP Dig. 21 ft Slot/gauze 1/2 inch length 21 ft Set between 29 ft. and 49 ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material 3/8 in. Gravel			9 Static water level: 25 ft. below land surface Date 11-6-75				
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: ☐ Yes ☒ No Date ____				
12 Well head completion: Capped ☐ Pitless adapter 12 inches above grade			13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ _____ Depth: From 3 ft. to 15 ft.				
14 Nearest source of possible contamination: ft. 90 Direction NORTH Type Septic Well disinfected upon completion? ☒ Yes ☐ No			15 Pump: ☒ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other				
16 Remarks: elevation Topography: ☒ Hill ☐ Slope ☐ Upland ☐ Valley Customer know requirements on 4'x4' Concrete Slab Keith R. Zinn			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 1500 E. J. ANDOVER Signed Ben Buggs Date 11-15-75 Authorized representative				

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

Form WWC-5