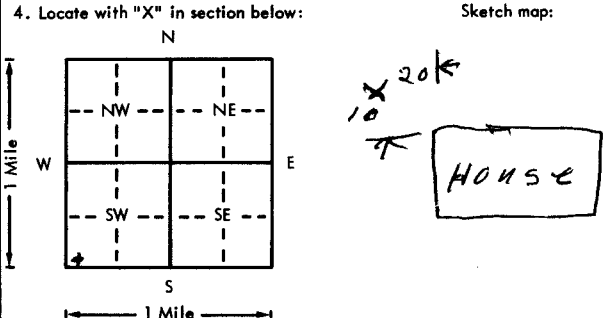


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Pratt	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 33	Township number T 28 4	Range number S R 11 E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 3N 2E Preston			3. Owner of well: Nolan Zink R.R. or street: City, state, zip code: Preston		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 9 in. Completion date 12-5-78 Well depth 109 .		
5. Type and color of material			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		
			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		
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 109 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 258		
			10. Screen: Manufacturer's name _____ Pumpee Type pvc Dia. 5 Slot/gauze 25 Length 10 Set between 99 ft. and 109 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8		
			11. Static water level: _____ mo./day/yr. 35 ft. below land surface Date 12-5-78		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 100 g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 15 inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 15 ft.		
			16. Nearest source of possible contamination: ft. 200 Direction <input checked="" type="checkbox"/> Type 10t Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
17. Pump: _____ Not installed Manufacturer's name STA Rite Model number _____ HP 3 Volts 230 Length of drop pipe 50 ft. capacity 10 g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other					
18. Elevation: _____ 19. Remarks: med sand 100 109 Topography: ____ Hill ____ Slope <input checked="" type="checkbox"/> Upland ____ Valley Slab to be poured by customer			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. Lyman Bros 140 Business name License No. Address W H L Signed W H Lyman Date 1-80 Authorized representative		

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

Form WWC-5