13

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

WATER WELL RECORD
KSA 82a-1201-1215

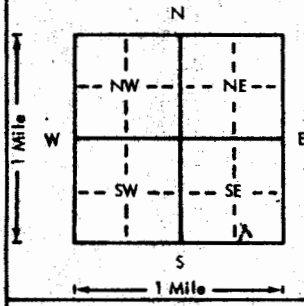
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Lyon	1/4 SE 1/4 SE 1/4	19	T 26 S	R 4 E/W

2. Distance and direction from nearest town or city: 15 N. of Emporia, Kans.
Street address of well location if in city:

3. Owner of well: Carl's Crafts
R.R. or street: Route 2
City, state, zip code: Gen. Stage, Kansas

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 11 in. Completion date 10-9-75
Well depth 61 ft.

7. ___ Cable tool X Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: ___ Domestic ___ Public supply ___ Industry
X Irrigation ___ Air conditioning ___ Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material Steel Height: (Above) or below
Threaded ___ Welded X Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 61 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .250

5. Type and color of material	From	To
Topsoil	0	3
Shale	3	61

10. Screen: Manufacturer's name Johnson Plastic
Type Stainless Dia. 5"
Slot/gauze .156 Length 30'
Set between 41 ft. and 61 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/4 - 1/8"

11. Static water level: mo./day/yr.
30 ft. below land surface Date 12-4-75

12. Pumping level below land surface:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes ___ No Date

14. Well head completion: Taped
___ Pitless adapter 12 Inches above grade

15. Well grouted? Yes
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 40 ft. to 14 ft.

16. Nearest source of possible contamination: Creek
ft. 70 Direction NE Type
Well disinfected upon completion? X Yes ___ No

17. Pump: X 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

(Use a second sheet if needed)

18. Elevation:

Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks:

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.
Harry Dillman's Inc.
Business name License No.
Address Hartford, Kansas
Signed Authorized representative Date 12-5-75

T ___ R ___ E/W Sec ___ 1/4 1/4 1/4

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

Form WWC-5

MI-1089