PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

95.21651 38.97974

166

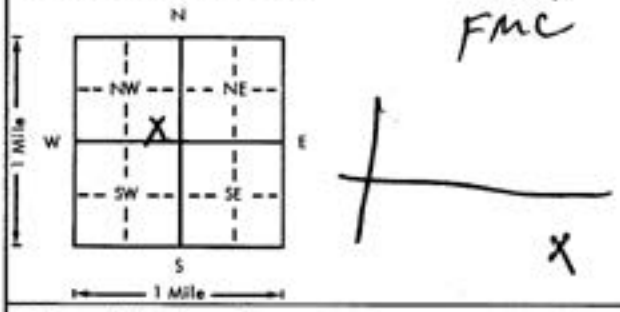
1. Location of well:	County	Fraction	Section number	Township number	Range number
	DOUGLAS	S/2 SE NW ~~SE~~ 1/4 ~~NW~~ 1/4 ~~NE~~ 1/4	29	T 12 S	R 20 E W

2. Distance and direction from nearest town or city:

Street address of well location if in city:

3. Owner of well: FMC
R.R. or street: 9TH MAPLE
City, state, zip code: LAWRENCE KS

4. Locate with "X" in section below:



N
NW NE
W X E
SW SE
S
1 Mile 1 Mile

Sketch map:
FMC

X

6. Bore hole dia. 8 in. Completion date 2-76
Well depth 34 ft.

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

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

9. Casing: Material STEEL Height: Above or below
Threaded ___ Welded X Surface 12"+ in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. ___ in. to ___ ft. depth Wall Thickness: inches or
Dia. 4 in. to 31 ft. depth gage No. .25

5. Type and color of material	From	To
SOIL	0	2
CLAY BROWN	2	11
FINE SAND DRY	11	20
MEDIUM BLUE	27	38
COARSE DIRTY BLUE	38	45

(Use a second sheet if needed)

10. Screen: Manufacturer's name GOP JOHNSON
Type LC. STEEL Dia. 4
Slot/gauze 30 Length 3
Set between 31 ft. and 34 ft.
___ ft. and ___ ft.
Gravel pack? NO Size range of material ___

11. Static water level: mo./day/yr.
17.6 ft. below land surface Date 2-11-76

12. Pumping level below land surfaces:
___ 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 X No Date ___

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

15. Well grouted? X
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 15 ft.

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

17. 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

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
X 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.
Business name Jungman Bros 119A License No.
Address Gambondale KS
Signed [signature] Date 2-76
Authorized representative

T 12 R 20 W Sec 29 S/2 SE NW 1/4 1/4 1/4

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

Form WWC-5