

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

WATER WELL RECORD  
KSA 82a-1201-1215

1224 E 28 SE 1/4

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

CD

1 Location of well:	County <b>Johnson</b>	Township name <del>1258</del> <b>SE</b>	Fraction <b>SE 1/4 SW 1/4</b>	Section number <b>28</b>	Town number <b>12S</b>	Range number <b>24E</b>
Distance and direction from nearest town or city: <b>In city of Lenexa</b>				Owner of well: <b>Louis Stumpff</b>		
Street address of well location if in city: <b>14800 W. 87th St Lenexa, Ks. 66215</b>				Address: <b>14800 W. 87th St. Lenexa, Ks. 66215</b>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>196'</b> ft. Date of completion <b>10-3-75</b> Well diameter <b>8 1/2" in.</b>		
				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		
2		Type and color of material		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 <input type="checkbox"/>		
surface		From 0 To 6		7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam <b>dry hole</b> Weight _____ lbs./ft. _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
clay		From 6 To 9		8 Screen: Manufacturer <b>dry hole</b> Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
lime		From 9 To 13		9 Static water level: <b>dry hole</b> _____ ft. below land surface Date _____		
shale (red & green)		From 13 To 23		10 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.		
shale---gray		From 23 To 39		11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
lime		From 39 To 41		12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
shale---gray		From 41 To 51		13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
lime		From 51 To 64		14 Nearest source of possible contamination: ft. <b>125'</b> Direction <b>South</b> Type <b>sewer</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
shale---gray		From 64 To 75		15 Pump: <input 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		
lime---white		From 75 To 98		16 Remarks: elevation <b>960</b> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		
shale---gray		From 98 To 99		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. <b>F. E. Young Drilling 471</b> Business name <b>Robinhood In. Merriam,</b> License No. <b>6355</b> Address <b>Ks.</b> Signed <b>F. E. Young</b> Authorized representative <b>10-25-75</b>		
lime		From 99 To 102				
shale---gray		From 102 To 139				
lime		From 139 To 148				
shale---gray		From 148 To 154				
lime		From 154 To 157				
shale---gray		From 157 To 165				
shale---sandy-green		From 165 To 171				
lime		From 171 To 182				
shale---gray		From 182 To 196				
T.D		196				
(use a second sheet if needed)						

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

Form WWC-5