

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 Woodson	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 26	Township number T 26 S	Range number R 13 E
2. Distance and direction from nearest town or city: 7 MI. S. AND			3. Owner of well: GARY TUNISON		
Street address of well location if in city: 2 1/2 MI. OF TOYONTO ON SW. EDGE LAKE			R.R. or street: 414 S DELLROSE		
4. Locate with "X" in section below:			City, state, zip code: WICHITA MAN		
<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Sketch map</p> </div> </div>			6. Bore hole dia. 4 in. Completion date 12/29/90 Well depth 82 ft.		
5. Type and color of material			7. <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		
			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 PETS Height: Above or below Threaded <input type="checkbox"/> Welded GL Surface 1.2 in. RMP <input type="checkbox"/> PVC 4 Weight <input type="checkbox"/> lbs./ft. Dia. 4 in. to 80 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 1290		
			10. Screen: Manufacturer's name JESS LOWELL Type PVC Dia. 6 Slot/gauze 1/4 Length <input type="checkbox"/> Set between 39 ft. and 65 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. 21 ft. below land surface Date 12/29/90		
			12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 5 g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
			15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 18 ft.		
			16. Nearest source of possible contamination: ft. 0 Direction WEST Type HOUSE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. 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		
			(Use a second sheet if needed)		
18. Elevation:		19. Remarks: THIS IS A BUILDING SITE IN A CABIN SITE AREA. THERE IS NO SEPTIC TANK BUILT YET. HE SAID HE KNOW THE SPECI		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. CUNNING'S WELL SERV 312 Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address TOYONTO MAN Signed John Cunningham Date 12/29/90 Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5