

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 NEOSHO		Fraction W 1/4 W 1/4 NW 1/4 S 28		Section number 2	Township number T 28 S	Range number R 18 E
2. Distance and direction from nearest town or city: 1 mi. S. 1 mi.			3. Owner of well: RAYOLL LUNNINGGS			
Street address of well location if in city: E. AND 1/2 S. GRANITE			R.R. or street: RT #14			
4. Locate with "X" in section below:			City, state, zip code: E HANUTE MA IN			
5. Type and color of material			6. Bore hole dia. 7 in. Completion date 6/15/49			
			Well depth 60 ft.			
			7. 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 <input type="checkbox"/>			
			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 PITS Height: Above or below			
			Threaded <input type="checkbox"/> Welded EL Surface 15 in.			
			RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.			
			Dia. 6 in. to 60 ft. depth Wall Thickness: inches or			
			Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 280			
			10. Screen: Manufacturer's name JESS			
			LOWELL			
			Type PVC Dia. 6			
			Slot/gauze 1/4 Length <input type="checkbox"/>			
			Set between 20 ft. and 40 ft.			
			Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4			
			11. Static water level: <input type="checkbox"/> mo./day/yr.			
			26 ft. below land surface Date 6/15/49			
			12. Pumping level below land surfaces:			
			23 ft. after 10 hrs. pumping 50 g.p.m.			
			ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.			
			Estimated maximum yield 100 g.p.m.			
			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
			14. Well head completion: <input type="checkbox"/> Pitless adapter 15 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 12 ft.			
			16. Nearest source of possible contamination: SEPTIC			
			ft. 110 Direction WEST Type TMR			
			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			
18. Elevation:			19. Remarks: MR. LUNNINGGS IS PUMPING HIS OWN PUMP WITH ASSISTANCE OF PLUMBER HE KNOWS THE RULES.			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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.			
			LUNNINGGS WELL SERV 312			
			Business name LUNNINGGS WELL SERV 312 License No. <input type="checkbox"/>			
			Address TOPEKA KA			
			Signed [Signature] Date 6/15/49			
			Authorized representative			

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

Form WWC-5