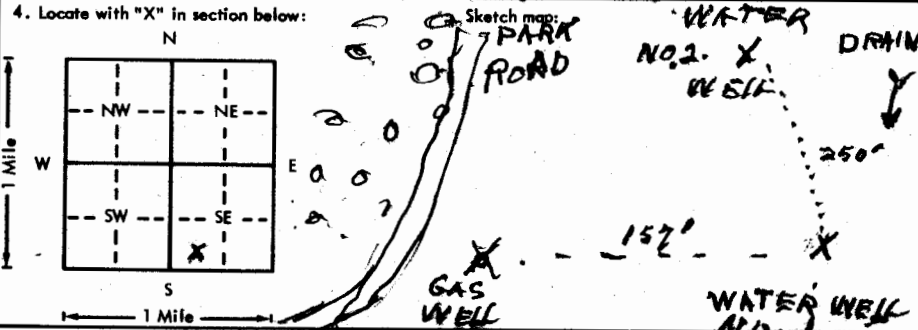


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

30 BND  
2-13-84

1. Location of well: County <b>N.O. Neosho</b>		Fraction <b>SW SW SW</b> 1/4 1/4 1/4			Section number <b>12</b>	Township number <b>T 30 S R 20</b>	Range number <b>20</b>
2. Distance and direction from nearest town or city: <b>1/2 MI NORTH</b> Street address of well location if in city: <b>3 1/2 E OF MOOND</b>				3. Owner of well: <b>EDD THIESSEN</b> R.R. or street: <b>RAIL</b> City, state, zip code: <b>PARSONS KAN</b>			
4. Locate with "X" in section below: 				6. Bore hole dia. <b>12</b> in. Completion date <b>2/23/84</b> Well depth <b>40</b> 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 type="checkbox"/> Domestic <input checked="" 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 <b>PYS</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>30</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>30</b> lbs./ft. Dia. <b>6</b> in. to <b>40</b> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <b>280</b>			
				10. Screen: Manufacturer's name <b>JESS LOWELL</b> Type <b>PVC</b> Dia. <b>6"</b> Slot/gauze <b>1/4</b> Length Set between <b>20</b> ft. and <b>40</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4</b>			
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>12</b> ft. below land surface Date <b>2/23/84</b>			
				12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>100</b> g.p.m.			
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date			
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>30</b> inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>15</b> ft.			
				16. Nearest source of possible contamination: <b>GAS</b> ft. <b>152</b> Direction <b>WEST</b> Type <b>WELL</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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:				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. <b>FUNNINGS WELL SERV 312</b> Business name _____ License No. _____ Address <b>TOFONTO KAN</b> Signed <b>[Signature]</b> Date <b>2/23/84</b> Authorized representative			
19. Remarks: <b>THIS IS A TRAILOR PARK DEVELOPMENT AREA, THIESSEN HAS GOT AN GIRL TOWERX WORKING WITH HIM ON IT.</b>							

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

Form WWC-5

30 BND  
200  
12  
SUB  
CASE