

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

<input checked="" type="checkbox"/> Location of well:	County <u>McPherson</u>	Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section number <u>34</u>	Township number <u>T 17</u>	Range number <u>S R 4</u>	<u>W</u>
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: Street address of well location if in city:	<u>25-3/4 <del>mi</del> SE OF LINDSBORG, KS.</u>		3. Owner of well: <u>DONALD LUNOQUIST</u> R.R. or street: <u>R.R. #2</u> City, state, zip code: <u>LINDSBORG, KS. 67456</u>			
4. Locate with "X" in section below: N W E 1 Mile 1 Mile			Sketch map:  <u>DOMESTIC WELL</u>			
5. Type and color of material			From	To	6. Bore hole dia. <u>18</u> in. Completion date <u>11-22-77</u> Well depth <u>68</u> ft.	
<u>Top soil</u>			<u>0</u>	<u>5</u>	7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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	
<u>Buff clay</u>			<u>5</u>	<u>25</u>	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	
<u>Red + brown sand</u>			<u>25</u>	<u>40</u>	<input checked="" type="checkbox"/> Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>1 1/2</u> lbs./ft. Dia. <u>4</u> in. to <u>68</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>215</u>	
<u>Grey clay + fine sand</u>			<u>40</u>	<u>45</u>	10. Screen: Manufacturer's name <u>Peerless Plastics</u> Type <u>PVC</u> Dia. <u>4</u> Slot/gauze <u>1/32"</u> Length <u>20'</u> Set between <u>48</u> ft. and <u>68</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/4"</u>	
<u>Brown sand</u>			<u>45</u>	<u>55</u>	11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>11-23-77</u>	
<u>Grey sand + gravel</u>			<u>55</u>	<u>68</u>	12. Pumping level below land surfaces: <u>27</u> ft. after <u>1 1/2</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.	
<u>Shale</u>			<u>68</u>	<u>70</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade	
					15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
					16. Nearest source of possible contamination: ft. <u>500</u> Direction <u>S</u> Type <u>cattle</u> 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	
(Use a second sheet if needed)						
18. Elevation:		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. <u>Peterson Irrigation 138A</u> Business name License No. _____ Address <u>Box 150 Lindsborg, KS</u> Signed <u>Mike Chambers</u> Date <u>12-2-77</u> Authorized representative		

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

Form WWC-5