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

T	R	EW	sec 1/4	1/4	1/4	No.				

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SESESESW

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	KINGMAN			17	27	8

Distance and direction from nearest town or city: HW 2W ½E

Street address of well location if in city:

3 Owner of well: Bill LUNSFORD

Address: 404 E 4th ST. KINGMAN

Locate with "X" in section below: Sketch map:

N, W, E, S, 1 Mile

SE¼ SE¼ SW¼
17 27 8

4 Well depth: 54 ft. Date of completion 7-12
Well diameter 8 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐

7 Casing: Material PVC Height: above/below
Threaded ☐ Welded ☒ Surface 24 in.
Diam. 4 in. to 54 ft. depth Weight 166 lbs./ft.
in. to ft. depth Drive shoe? ☐ Yes ☒ No

2 Type and color of material	From	To
Soil & Clay	0	8
Clay	8	23
Med SAND	23	42
Clay	42	43
Med SAND	43	52
Red Shale	52	54

(use a second sheet if needed)

8 Screen:
Manufacturer Peerless
Type PVC Dia. 4 4/1
Slot/gauze 035 Length
Set between 45 ft. and 54 ft.
Fittings: 5" DOWN
Gravel pack ☒ Yes ☐ No Size range of material

9 Static water level:
24 ft. below land surface Date 7-12-75

10 Pumping level below land surfaces:
ft. after hrs. pumping g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield 25 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date

12 Well head completion:
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐
Depth: From 0 ft. to 12 ft.

14 Nearest source of possible contamination: Septic
ft. 100 Direction S Type Tank
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name
Model number HP Volts
Length of drop pipe ft. capacity g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation
CUSTOMER TO INSTALL PUMP

Topography:
☐ Hill
☐ Slope
☐ Upland
☐ Valley

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.
LYMAN BROS 140
Business name License No.
Address Colony, KS
Signed W. Lyman Date 8-8-75
Authorized representative

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

Form WWC-5