1. Location of well:

4. Locate with "X" in section below:

- - NE - -

- NW --

____ 1 Mile

OW

Kansas Department of Health and

Range number

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

WATER WELL RECORD KSA 82a-1201-1215 Township number Section number Doniphan 560 1/4 SW 1/4 NE 1/4 3. Owner of well: White Cloud Grain 2. Distance and direction from nearest town or city: R.R. or street: Street address of well location if in city: White Cloud City, state, zip code: White Cloud 6. Bore hale dia. 12 in. Completion date Well depth 50 ft. 5-10 7. __ Cable tool **____** Cotary __ Driven __ Dug __ Hollow rod __ Jetted __ Bored __ Reverse rotary 8. Use: ___ Domestic ___ Public supply ___ Industry __ Irrigation __ Air conditioning X Stock milo field __ Lawn __ Oil field water __ Other 9. Casing: Material Pue Height Above or below

5. Type and color of material Rhak SIIt 0

Brown Silty Clay
Blue Clay Sandy & Gravely
Gray limestone

30 Gray Shake

11. Static water level: 20 ft. below land surface Date 5-10-78

12. Pumping level below land surfaces: Air test ft. after hrs. pumping ft. after hrs. pumping imated maximum yield Estimated maximum yield —

Gravel pack? Size range of material 1039,063

Threaded Welded Surface in.

RMP PV Weight Weight Ibs./ft.

Dia. 6 in. to 50 ft. depth Wall Thickness: inches or

Dia. ___ in. to ___ ft. depth gage No. 316

10. Screen: Manufacturer's name

Slot gauze 2010

30

13. Water sample submitted: Yes X No Date 14. Well head completion: Top Cap ____ Pitless adapter 24___ Inches above grade

15. Well grouted? With: X Neat cement ___ ____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.

16. Nearest source of possible contamination:
ft. 160 Direction Fast Type Greek Well disinfected upon completion? _____Yes ∠Not installed 17. Pump: Manufacturer's name ___

Model number _____ ____ HP ___ ____ Volts _ Length of drop pipe _____ ft. capacity ____g.p.m. Type: ___ Turbine

____ Submersible ___ Jet _ Centrifugal

__ Reciprocating 20. Water well contractor's certification:

18. Elevation: 🚑 owner to install Slab Topography:

(Use a second sheet if needed)

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. STRAder DRIQ Co True 182 Business name License No.

Business name
Address ZTI HolTon Ks Signed Dale Oshnus
Authorized representative

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

BR = 820

19. Remarks:

Slope

Upland