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 Contractars) Topeka, Kansas 66620

	County Fraction		S	Section number		Township nur	nber	Range number	
1. Lacation of well:	CLOUD	58 1/4 NW1/45 E 1/4				Ţ	5	s R	E 🐼
						LBUR	CHI	PITIER	
Street address of well location if in city: AMES R.R. ar street: City, state, zip code:						CYDE, A	LANSA.	s 6693	8
4. Locate with "X" in section below: Sketch map:								n. Completion da	
								Driven	
						Hollow rod Jetted Bored Reverse rotary			
N						8. Use: Domestic Public supply Industry X Irrigation Air conditioning Stock			
-						Lown Oil field water Other 9. Casing: Material A Lagrangian Height Above or below			
<u> </u>								Heigh Above Surface	
S								Weight pth Wall Thicknes	
5. Type and color of				From	То	Dio in. to	ft. de	pth gage No. 🚅	
	TAPE				.,	10. Screen: M	INSON	V CONC	RETE
	TOPSO	Ciay		1	7	Type		Dio	6'
				4	9	Set between	44 ft.	_ft. and	70ft.
	FINE	SAND		9	27	Gravel pack?		ange of material	4x5
	GIRAVE			27	36	11. Static water		rface Date <u>6</u>	mo./day/yr.
	Beuz Le	AY		36	38	12. Pumping le	evel below for	hrs. pemping	41'
	FINE SAND	W/CLAY LAY	ER	38	45	ft. af	ter	hrs. pumping	g.p.m.
	GRAVE	<u>.</u>	4	1/5	67	13. Water samp		1300	mo./day/yr.
	GRAVEL W/	CLBY		17	19	Yes 14. Well head	No No	Date	
	BROWN			10	44	Pitless ad	apter	/2/ Inches ab	pove grade
5760				24	,	15. Well grouted? 15. Well grouted? 15. Well grouted? 15. Well grouted? 16. Cancrete 16. Depth: From 16. ft.			
		<i>67</i> -		7					
-						ft. 300	Direction	e contamination:	TANK
***************************************						Well disinfecte	d upon compl	etion?Ye Not ins t al	lad M2
						Manufacturer's	1.4.4.4.4	TEEN LA	Volts Ex Q
						Length of drop			
						Type: Submers	ible	1 Tu	rbine
	(Use a second sh	eet if needed)				Jet Centrifu	gal		ciprocating C
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.			
Topography:Hill						<i>DIREGE C</i> Business name	AX of S	ONS /NC	359 Ficense No.
Slope X _ Upland						Address	FTON	ANS 669	737 Z
Valley						Signed -	Authorized rep	resentative	Pate 7

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

Form WWC-5