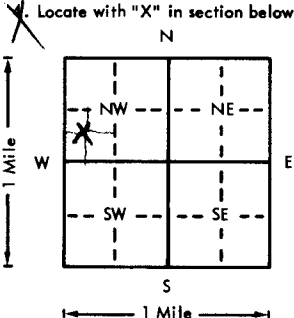


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County CLOUD	Section E5W1N SE 1/4 SW 1/4 NE 1/4 SW 1/4	Section number 12	Township number T 5 S R 3 E (W)	Range number																			
2. Distance and direction from nearest town or city: 2 N - 3 E Street address of well location if in city: CONCORDIA			3. Owner of well: LELAND BRAY R.R. or street: R.R. #2 City, state, zip code: CONCORDIA KANS 66901																						
4. Locate with "X" in section below: 			Sketch map:		6. Bore hole dia. 8 1/2 in. Completion date 1/27/76 Well depth 100 ft.																				
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>TOPSOIL</td> <td>0</td> <td>3</td> </tr> <tr> <td>BROWN CLAY</td> <td>3</td> <td>11</td> </tr> <tr> <td>YELLOW BROWN CLAY</td> <td>11</td> <td>35</td> </tr> <tr> <td>BROWN CLAY w/ ROCK</td> <td>35</td> <td>77</td> </tr> <tr> <td>SAND ROCK</td> <td>77</td> <td>100</td> </tr> <tr> <td>STOP</td> <td>100</td> <td></td> </tr> </tbody> </table>				From	To	TOPSOIL	0	3	BROWN CLAY	3	11	YELLOW BROWN CLAY	11	35	BROWN CLAY w/ ROCK	35	77	SAND ROCK	77	100	STOP	100		7. <input 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	
				From	To																				
			TOPSOIL	0	3																				
			BROWN CLAY	3	11																				
			YELLOW BROWN CLAY	11	35																				
BROWN CLAY w/ ROCK	35	77																							
SAND ROCK	77	100																							
STOP	100																								
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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other																									
9. Casing: Material PVC Height: 5 ft. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 15 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 3 lbs./ft. Dia. 5 in. to 100 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 160 #																									
10. Screen: Manufacturer's name CERTANTIED Type PVC Dia. 5 Slot/gauze 1/4" Length 30 Set between 100 ft. and 80 ft. Gravel pack? YES Size range of material 8X4																									
11. Static water level: 65 ft. below land surface Date 1/27/76 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.																									
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																									
14. Well head completion: _____ Pitless adapter _____ X _____ inches above grade																									
15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.																									
16. Nearest source of possible contamination: ft. 100 Direction N Type Drain Well 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: 100 Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																									
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. Business name COX & SONS INC License No. 258 Address CALETON, KANS Signed David Cox Date 1/27/76 Authorized representative																									

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

Form WWC-5