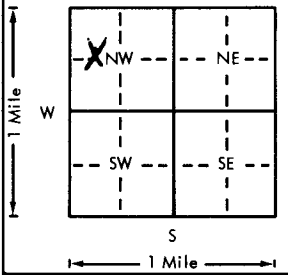


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Cloud</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>19</b>	Township number T <b>5</b> S	Range number R <b>3</b> E <b>(W)</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<b>2 1/2 N - 2 1/2 W</b> <b>Concordia, Ks</b>		3. Owner of well: R.R. # <b># 2</b> City, state, zip code: <b>Concordia Kansas 66901</b>		
4. Locate with "X" in section below:	Sketch map: 		6. Bore hole dia. <b>3 1/2</b> in. Completion date <b>7-27-77</b> Well depth <b>51</b> ft. <b>9-14-77</b>		
5. Type and color of material	From	To	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
<b>top soil</b>	<b>0</b>	<b>13</b>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
<b>sand</b>	<b>13</b>	<b>20</b>	9. Casing: Material <b>AC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>34</b> lbs./ft. Dia. <b>1 1/2</b> in. to <b>51</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>3/4"</b>		
<b>Good gravel</b>	<b>20</b>	<b>50</b>	10. Screen: Manufacturer's name <b>Johnson</b> <b>Concrete</b> Type <b>Trayrite</b> Dia. <b>16</b> Slot/gauge <b>7/8"</b> Length <b>26</b> Set between <b>25</b> ft. and <b>51</b> ft. Gravel pack? <b>YES</b> Size range of material <b>1/8-1/4"</b>		
<b>fine sand + clay</b>	<b>50</b>	<b>54</b>	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>12</b> ft. below land surface Date <b>7-26-77</b>		
<b>stop in sand + clay</b>	<b>54</b>		12. Pumping level below land surfaces: <b>34</b> ft. after <b>1/2</b> hrs. pumping <b>1250</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>2000</b> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ mo./day/yr.		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
			15. Well grouted? <b>YES</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks:  <p style="text-align: center;">(Use a second sheet if needed)</p>		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. <b>GEO COX + SONS, INC 258</b> Business name License No. Address <b>Clepton, Kansas</b> Signed <b>Francis Cox</b> Date <b>7-30</b> Authorized representative		

T 5  
R 3  
E W  
19 NW  
1/4 1/4 1/4

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

Form WWC-5