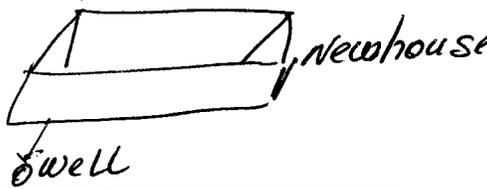


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Small acreage</b> <b>1/4 SW 1/4</b>		Section number <b>32</b>		Township number <b>5</b>		Range number <b>3</b>		E/W	
2. Distance and direction from nearest town or city: <b>1 mile west of Concordia - South side of road</b>				3. Owner of well: <b>Leroy Kerver</b> R.R. or street: <b>Rte #1</b> City, state, zip code: <b>Concordia, KS 66901</b>							
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 				6. Bore hole dia. <b>8</b> in. Completion date <b>July 6, 1976</b> Well depth <b>57</b> ft.			
				7. <input checked="" 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				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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
				9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface <b>12</b> in. RMP <b>5 1/4</b> PVC _____ Weight _____ lbs./ft. Dia. <b>5 1/4</b> in. to <b>57</b> ft. depth Wall Thickness _____ inches or Dia. _____ in. to _____ ft. depth Gage No. <b>1/4</b>				10. Screen: Manufacturer's name <b>Western Plastic</b> Type <b>200</b> Dia. <b>5"</b> Slot/gauze <b>1/64</b> Length <b>10'</b> Set between <b>47</b> ft. and <b>57</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4</b>			
5. Type and color of material				From		To		11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>July 8, 1976</b>			
Black soil				0		30		12. Pumping level below land surfaces: <b>40</b> ft. after <b>4</b> hrs. pumping <b>12</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>18</b> g.p.m.			
Fine Sand				30		35		13. Water sample submitted: <b>July 10, 1976</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date			
Good gravel				35		57		14. Well head completion: <b>12" well house</b> <input type="checkbox"/> Pitless adapter _____ Inches above grade			
CLAY -				57'				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>15</b> ft.			
								16. Nearest source of possible contamination <b>150</b> ft. Direction <b>South</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
								17. Pump: _____ Not installed Manufacturer's name <b>ALJETS</b> Model number <b>526-502</b> HP <b>1/2</b> Volts <b>220</b> Length of drop pipe <b>47</b> ft. capacity <b>20</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
								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>CARL THOMSON 217</b> Business name <b>3326 16 Concordia Kansas</b> License No. _____ Address _____ Signed <b>Carl Thomson</b> Date <b>10/11/76</b> Authorized representative			
18. Elevation:		19. Remarks:									
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley											

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

Form WWC-5