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

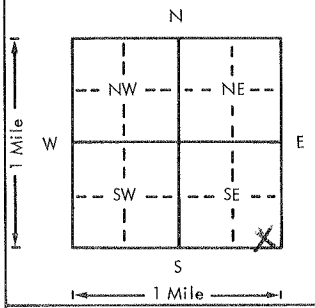
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Cloud	SE 1/4 SE 1/4 SE 1/4	18	T 5 S	R 4 E (W)

2. Distance and direction from nearest town or city: 3E - 1N
Street address of well location if in city: Jamestown

3. Owner of well: Stanley Mc Millian
R.R. ~~or street~~: #1
City, state, zip code: Jamestown 66948

4. Locate with "X" in section below:

Sketch map:



5. Type and color of material	From	To
clay	0	28
sandy clay	28	32
fair gravel	32	38
good gravel	38	44
clay	44	46

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 9-13-77
Well depth 45 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC
Threaded ___ Welded X
RMP ___ PVC X
Dia. 5 in. to 45 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or ~~below~~
Surface 12 in.
Weight 3 lbs./ft.
Wall Thickness: inches or gage No. 258

10. Screen: Manufacturer's name Pumpco
Type PVC Dia. 5"
Slot/~~gauze~~ 1/16" Length 10'
Set between 35 ft. and 45 ft.
___ ft. and ___ ft.
Gravel pack? YES Size range of material 1/16"-1/4"

11. Static water level: mo./day/yr.
22 ft. below land surface Date 9-13-77

12. Pumping level below land surfaces:
40 ft. after 1 hrs. pumping 30 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 40 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ___

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? YES
With: __ Neat cement __ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: None
ft. ___ Direction ___ Type ___
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

T 5 R 4 (W) Sec 18 1/4 SE SE SE 1/4 1/4

18. Elevation:

Topography:
X Hill
__ Slope
__ Upland
__ 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.
Gur Cox & Son Inc 258
Business name License No.
Address Clifton Kansas 66933
Signed Francis Cox Date 10-3
Authorized representative

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

Form WWC-