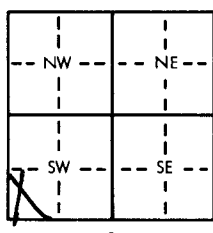
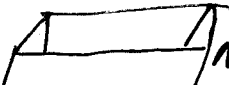


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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: <u>Cloud</u>	County: <u>Cloud</u>	Fraction: <u>1/4 SW 1/4</u>	Section number: <u>6</u>	Township number: <u>6</u>	Range number: <u>2</u>
2. Distance and direction from nearest town or city: <u>3 miles east of Concordia 2 South</u>			3. Owner of well: <u>RAYMOND MASON</u> R.R. or street: <u>Rd 3 Concordia Kansas</u> City, state, zip code: <u>66901</u>		
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W E S 1 Mile</div> 			Sketch map: <div style="text-align: center;">↑ well NORTH of house about 12 ft  New House</div>		
5. Type and color of material			From	To	6. Bore hole dia. <u>8 1/2</u> in. Completion date: <u>May 15, 1976</u> Well depth <u>85</u> ft.
<u>Black soil</u>			<u>0</u>	<u>20</u>	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
<u>Grey Clay</u>			<u>20</u>	<u>32</u>	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
<u>Red Clay</u>			<u>32</u>	<u>42</u>	9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>8 1/2</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>8 1/2</u> ft. depth gauge No. <u>1/4</u>
<u>AND STONE</u>			<u>42</u>	<u>85</u>	10. Screen: Manufacturer's name <u>Western Plastic</u> Type <u>T-200</u> Dia. <u>5</u> " Slot/gauze <u>1/8</u> " Length <u>70</u> " Set between <u>1/8</u> " ft. and <u>8 1/2</u> " ft. <input type="checkbox"/> Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u> "
					11. Static water level: <u>40</u> ft. below land surface Date <u>May 16, 1976</u>
					12. Pumping level below land surfaces: <u>17</u> ft. after <u>3</u> hrs. pumping <u>10</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>12</u> g.p.m.
					13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>May 20, 1976</u>
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>19</u> ft.
					16. Nearest source of possible contamination: ft. <u> </u> Direction <u>NONE</u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Myers</u> Model number <u>22G 1A</u> HP <u>3/4</u> Volts <u>220</u> Length of drop pipe <u>15</u> ft. capacity <u>12</u> 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
18. Elevation: <u>1390</u>			19. Remarks:		
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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. <u>Raymond Mason</u> <u>247</u> Business name <u>323 E 16th Concordia Kansas</u> License No. <u> </u> Signature <u>Raymond Mason</u> Date <u>9/7/76</u> Authorized representative		

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

Form WWC-5