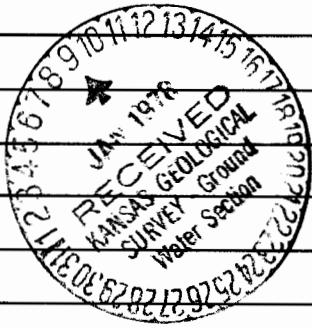


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Cloud</u>		Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>		Section number <u>35</u>	Township number <u>T 6 S R 2 E 10</u>	Range number
2. Distance and direction from nearest town or city: <u>2 miles East of Aurora, KS 4 miles NORTH - 1/4 mi. West</u>				3. Owner of well: <u>Amos Cyr</u> R.R. or street: <u>Rta</u> City, state, zip code: <u>Aurora, Kansas 67417</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>5</u> in. Completion date: <u>Mar-22-1977</u> Well depth <u>102</u> ft.		
				7. 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		
5. Type and color of material				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 <u>Plastic</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>78</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>175</u> lbs./ft. Dia. <u>5</u> in. to <u>102</u> ft. depth Wall Thickness: <u>1/4</u> inches or Dia. <u>5</u> in. to <u>102</u> ft. depth gage No. <u>1/4</u>		
				10. Screen: Manufacturer's name <u>CANTEX</u> Type <u>160</u> Dia. <u>5"</u> Slot/gauze <u>1/64</u> Length <u>20</u> Set between <u>182</u> ft. and <u>102</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u>		
				11. Static water level: <u>45</u> ft. below land surface Date <u>3-29-77</u>		
				12. Pumping level below land surfaces: <u>60</u> ft. after <u>0</u> hrs. pumping <u>8</u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>   </u> g.p.m.		
				13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>4-1-77</u> mo./day/yr.		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>1</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>200</u> ft. Direction <u>East</u> Type <u>Septic</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>MUESS</u> Model number <u>57-525A</u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>   </u> ft. capacity <u>   </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		
(Use a second sheet if needed)						
18. Elevation:		19. Remarks: <u>To replace old cased well caved in bottom-</u>		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>Neil Thomas</u> Business name <u>3336 16th St</u> License No. <u>247</u> Address <u>   </u> Signed <u>Neil Thomas</u> Date <u>3/27/77</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						



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

Form WWC-5