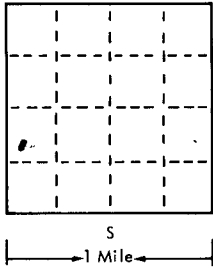


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Cloud</b>	Township name <b>W 1/4 N Center</b>	Fraction <b>SW NW SW</b>	Section number <b>21</b>	Town number <b>6S</b>	Range number <b>R. 3W</b>
Distance and direction from nearest town or city: <b>3 miles south of Concordia</b>			3 Owner of well: <b>Wickers Builders</b>			
Street address of well location if in city:			Address: <b>Concordia Ks 66701</b>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>160</b> ft. Date of completion <b>4/19/75</b> Well diameter <b>5</b> in.
2 Type and color of material			From		To	
			Clay (gray)		1	80
Clay (Red Blue mixed)		80	140			
Sandstone		140	160			
					5 <input 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	
					6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
					7 Casing: Material <b>Galv</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in Weight ___ lbs./ft. ___ <b>1</b> in. to <b>160</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No ___ in. to ___ ft. depth	
					8 Screen: Manufacturer <b>Johnie James Co</b> Type <b>1200</b> Dia. <b>5</b> in Slot/gauze Length <b>20</b> ft. Set between <b>140</b> ft. and <b>160</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ___	
					9 Static water level: <b>20</b> ft. below land surface Date <b>4/19/75</b>	
					10 Pumping level below land surfaces: <b>8</b> ft. after <b>10</b> hrs. pumping <b>20</b> g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <b>30</b> g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___	
					12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>17</b> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>1</b> ft. to <b>10</b> ft.	
					14 Nearest source of possible contamination: ft. <b>90</b> Direction <b>North</b> Type <b>Spec Tank</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Meyer Pump Co.</b> Model number <b>700</b> Length of drop pipe <b>120</b> ft. capacity <b>30</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	
16 Remarks: elevation <b>≈ 1530?</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			17 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 Thompson 247</b> Business name License No. Address <b>Concordia Ks 66701</b> Signed <b>Carl Thompson</b> Date <b>4/24/75</b> Authorized representative			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5