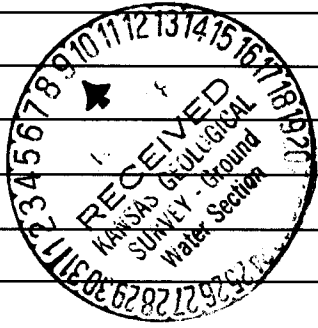


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY

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 NW 1/4</u>		Section number <u>4</u>		Township number T <u>6</u> S		Range number R <u>4</u> E <u>10</u>		
2. Distance and direction from nearest town or city: <u>5 miles West of Concordia</u> Street address of well location if in city:				3. Owner of well: <u>Wayne Neal or Ruby Neal</u> R.R. or street: <u>131 W. 18th</u> City, state, zip code: <u>Concordia Kansas 66901</u>						
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 			6. Bore hole dia. <u>5</u> in. Completion date <u>MAR. 25, 1977</u> Well depth <u>85</u> ft.				
5. Type and color of material			From		To		7. <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			
<u>Black loam soil</u>			<u>0</u>		<u>30</u>		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
<u>Sandstone</u>			<u>30</u>		<u>50</u>		9. Casing: Material <u>Plat</u> Weight: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2 1/2</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>14 1/2</u> lbs./ft. Dia. <u>5</u> in. to <u>85</u> ft. depth Wall Thickness <u>1/4</u> in. Dia. <u>5</u> in. to <u>85</u> ft. depth gage No. <u>14</u>			
<u>Grey clay</u>			<u>50</u>		<u>55</u>		10. Screen: Manufacturer's name <u>CAN-TEX</u> Type <u>160</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>12'</u> Set between <u>7 1/2</u> ft. and <u>8 1/2</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u> ft.			
<u>Sandstone</u>			<u>55</u>		<u>85</u>		11. Static water level: <u>40</u> ft. below land surface Date <u>MAR. 25/77</u> no./day/yr.			
							12. Pumping level below land surfaces: <u>60</u> ft. after <u>1</u> hrs. pumping <u>6</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.			
							13. Water sample submitted: ____ no./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>3/28/77</u>			
							14. Well head completion: <u>No</u> Pitless adapter <u>24</u> inches above grade			
							15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>1</u> ft. to <u>10</u> ft.			
							16. Nearest source of possible contamination: <u>300</u> ft. Direction <u>West</u> Type <u>Creek</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
							17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input 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: <u>~1438</u>		19. Remarks: <u>Pasture Use only - hand pump w/ pump jack will be installed -</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>Carl Thompson - SON 247</u> Business name <u>33476 Concordia Kansas</u> License No. _____ Address _____ Signature <u>Carl Thompson</u> Date <u>3/31/77</u> Title <u>Water Well Contractor</u>						



T 6 R 4 E 10 Sec 4 NE NW NW

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

Form WWC-5