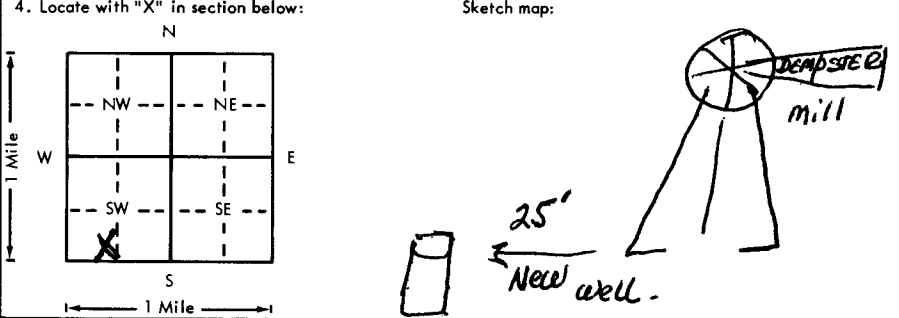


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SW SW</u> <u>1/4</u> 1/4 1/4	Section number <u>4</u>	Township number <u>6</u> T <u>6</u> S <u>4</u> R <u>4</u> E/W	
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 & Ruby Nee L</u> R.R. or street: <u>121 West 18th St</u> City, state, zip code: <u>CONCORDIA, KANSAS 66901</u>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>8 1/2</u> in. Completion date <u>Mar 25, 1977</u> Well depth <u>85</u> ft.	
5. Type and color of material		From	To	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	
<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 <input type="checkbox"/> Height: Above <input type="checkbox"/> Below <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>14</u> lb./ft. Dia. <u>5</u> in. to <u>85</u> ft. depth Wall Thickness: <u>1/4</u> in. or 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>100</u> Dia. <u>5"</u> Slot/gauze <u>1/64</u> Length <u>12'</u> Set between <u>13</u> ft. and <u>85</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u>	
<u>Sandstone</u>		<u>55</u>	<u>85</u>	11. Static water level: <u>40</u> ft. below land surface Date <u>3-25-77</u> mo./day/yr.	
				12. Pumping level below land surfaces: <u>62</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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>3/28/77</u> mo./day/yr.	
				14. Well head completion: <u>No</u> Pitless adapter <u>24</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>10</u> ft. to <u>20</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:	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 THOMAS & SON, 247</u> Business name _____ License No. _____ Address <u>333 E. 16th St Concordia</u> Signed <u>Carl Thomas</u> Date <u>3/31/77</u> Authorized representative		

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

Form WWC-5

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