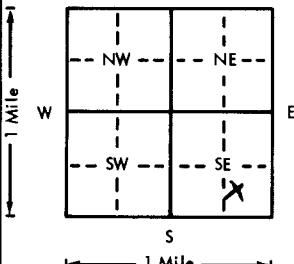


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>CLOUD</b>	Fraction <b>NW 1/4 SE 1/4 SE 1/4</b>	Section number <b>36</b>	Township number T <b>7</b> S	Range number R <b>1</b> <b>E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<b>4 E - 1 N</b> <b>MILTONVALE</b>		3. Owner of well: <b>CARMEN TIERS</b> R.R. or street: City, state, zip code: <b>MORGANVILLE, KANS 67448</b>		
4. Locate with "X" in section below:	Sketch map: 		6. Bore hole dia. <b>8</b> in. Completion date <b>1/9/76</b> Well depth <b>60</b> ft.		
5. Type and color of material	From	To	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		
			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 <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia. <b>5</b> in. to <b>60</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>160 #</b>		
			10. Screen: Manufacturer's name <b>CARTIATED</b> Type <b>PVC</b> Dia. <b>5"</b> Slot gauze <b>1/4"</b> Length <b>20'</b> Set between <b>60</b> ft. and <b>40</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> <b>YES</b> Size range of material <b>4 x 1/4"</b>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>18</b> ft. below land surface Date <b>1/9/76</b>		
			12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input checked="" type="checkbox"/> <b>N/A</b> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>10</b> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>X</b> Inches above grade		
			15. Well grouted? <b>YES</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: ft. <b>600</b> Direction <b>W</b> Type <b>LOTS</b> 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		
18. Elevation: <b>1375</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>NEW WELL FOR NEW HOME. OWNER WAS TOLD REQUIREMENTS</b>		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. <b>Geo Cox + Sons Inc 258</b> Business name License No. Address <b>CLETON, KANS</b> Signed <b>George Cox</b> Date <b>1/29/76</b> Authorized representative		

2-1-76  
 W  
 Sec 36  
 N 1/4 E 1/4 SE 1/4

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

Form WWC-5