WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

	County A A Fraction		Secti	on number	Township number	Range number
1. Location of well:	Cloud	SE1/4NE1/4NE	1/4	23	T 7 s	R 2 E
2. Distance and direction from nearest town or city: 2 E - 15 3. Owner of well: R.R. or street:						~
Street address of well location if in city: City, stat				ip code:	Amora, Xn	nsus 67417
4. Locate with "X" in section below: Sketch map:					6. Bore hole diain Well depthft.	. Completion date
					7 Cable tool	Driven Dug
					Hollow rod Jetted Bored Reverse rotary	
					8. Use: X Domestic Public supply Industry Irrigation Air conditioning Stock	
- SW SE					Lawn Oil field water Other 9. Casing: Material PVL Height: Above on below	
<u> </u>					Threaded Welded	
S 1 Mile					Dia. 5 in. to 150 ft. der	oth Wall Thickness: inches or
5. Type and color of material				n To	Dia in. to ft. dep 10. Screep- Manufacturer's	
	Clas	-	C	20	- Kumper	
		1 4	2		Slot/gause	Dia
	san	y non			Set betweenft.	andft.
	Clar	1	3		Gravel pack? Size ro	mo./day/yr.
Sand Nock			5	085	ft. below land su	rface Date <u>7-11-78</u>
Clay				5 110	12. Pumping level below lan	d surfaces: hrs. pumping <u>40</u> g.p.m.
sandrock				0 165	ft. after Estimated maximum yield	hrs. pumping g.p.m.
	stop	in sand we	K 16	5	13. Water sample submitted:	mo./day/yr.
					Yes No 14. Well heod completion:	Date
					Pitless adapter	12 Inches above grade
						Bentonite Concrete
					16. Nearest source of possible ft. 30 Direction	NE Type duy well
		, .			Well disinfected upon compl 17. Pump:	Not installed
					Manufacturer's name	HP Volts
			,	_	Length of drop pipe	ft. capacityg.p.m.
					Type: Submersible	Turbine
	(Use a second	sheet if needed)			Jet Centrifugal	Reciprocating Other
18. Elevation: 19. Remarks: dun well has been filled					20. Water well contractor's	certification: ny jurisdiction and this report
18. Elevation: 19. Remarks: doing well has been filled I Topography: in + sealed properly					is true to the best of my know	1 / 2
Topography: X Hill Topography: X Penter Jenery					Business name	1 License No.
Slope Upland V					Address Chifton	Longas 8-14-78
Valley					Signed Authorized re	presentative Date
Forward the white, blu	ue and pink copies to the Department	of Health and Environment				Form WWC-5