To BWS
1-14-80

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

WATER WELL RECORD
KSA 82a-1201-1215

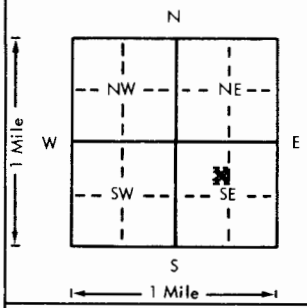
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Cloud	SE 1/4 NW 1/4 SE 1/4	17	T 8 S	R 1 E/W

2. Distance and direction from nearest town or city:
In Miltonvale city limits
Street address of well location if in city:
900 N. Starr Ave.

3. Owner of well: City Water Department
R.R. or street: City Building
City, state, zip code: Miltonvale, Ks. 67466

4. Locate with "X" in section below:



Sketch map:

Well No. 1

5. Type and color of material	From	To
Top soil	0	20
Fine sand with streaks of clay	20	40
Fine sandstone	40	100

(Use a second sheet if needed)

6. Bore hole dia. 30 in. Completion date
Well depth 100 ft. 1/10/80

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored X Reverse rotary

8. Use: __ Domestic X Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material steel Height: Above or below
Threaded ___ Welded ___ Surface 60 in.
RMP ___ PVC ___ Weight 44 lbs./ft.
Dia. 12 in. to 75 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .330"

10. Screen: Manufacturer's name
Layne & Bowler, Inc.
Type Shutter Dia. 12"
Slot/gauze #7 Length 30'
Set between 70 ft. and 100 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material .006-.1

11. Static water level: mo./day/yr.
31 ft. below land surface Date 8/2/79

12. Pumping level below land surfaces:
20 ft. after 4 hrs. pumping 250 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 250 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion:
___ Pitless adapter 36 Inches above grade

15. Well grouted? X
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 0 ft. to 20 ft.

16. Nearest source of possible contamination:
ft. 300 Direction East Type Sewer
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Layne
Model number 8RKLC HP 20 Volts 460
Length of drop pipe 80 ft. capacity 250 g.p.m.
Type:
___ Submersible X Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation: ≈1400
Topography:
X Hill
___ Slope
___ Upland
___ Valley

19. Remarks:

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.
Business name Layne Western Co. License No. 102
Address Wichita, Ks.
Signed Donald C. Rosenda Date 1/14/80
Authorized representative

T 8 R 1 (W) E Sec 17 1/4 SE 1/4 1/4 1/4 NE

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

Form WWC-5

MI-1023