

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

WATER WELL RECORD  
KSA 82g-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>SW 1/4 SW 1/4 NE 1/4</b>	Section number <b>17</b>	Township number T <b>8</b>	Range number S <b>R</b> 1 E <b>W</b>
2. Distance and direction from nearest town or city: <b>1/2 N</b> Street address of well location if in city: <b>MILTONVALE</b>			3. Owner of well: <b>ED SHANNON</b> R.R. or street: City, state, zip code: <b>MILTONVALE, KANS 67466</b>		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 6. Bore hole dia. <b>8</b> in. Completion date Well depth <b>183</b> ft. <b>4-20-78</b>		
			7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug 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		
5. Type and color of material			9. Casing: Material <b>PVC</b> Height Above 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>183</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>1258</b>		
			10. Screen: Manufacturer's name <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5"</b> Slot gauge <b>1/16</b> Length <b>20'</b> Set between <b>163</b> ft. and <b>183</b> ft. Gravel pack? <b>YES</b> Size range of material <b>5/16</b>		
			11. Static water level: _____ mo./day/yr. <b>100</b> ft. below land surface Date <b>4-20-78</b>		
			12. Pumping level below land surfaces: _____ ft. after <b>N/A</b> hrs. pumping _____ g.p.m. _____ ft. after <b>N/A</b> hrs. pumping _____ g.p.m. Estimated maximum yield <b>30 f</b> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</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: <b>SEPTIC</b> ft. <b>150</b> Direction <b>N</b> Type <b>TANK</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Nat 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:		
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. <b>DARYL LAXSON INC 359</b> Business name License No. Address <b>CLATON, KANS 66937</b> Signed <b>Daryl Laxson</b> Date <b>4-21-78</b> Authorized representative		

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

Form WWC-5