

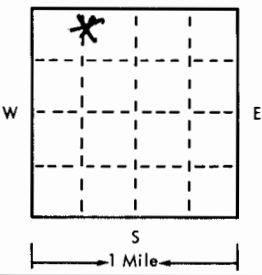
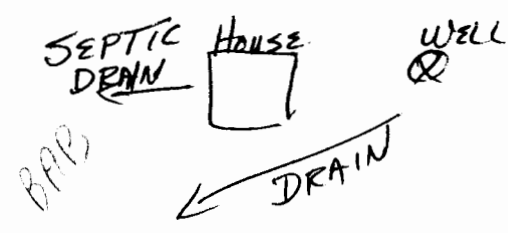
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

8 1 W 2 1 N E 1 W
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

NW NE NW

1 Location of well:	County CLOUD	Township name STARR	Fraction NW 1/4	Section number 21	Town number T 8 S	Range number R 1	
Distance and direction from nearest town or city: 1/4 EAST OF MILTONVALE			3 Owner of well: MRS. HOWARD CYR Address: MILTONVALE, KANSAS				
Locate with "X" in section below: N 			Sketch map: 			4 Well depth: 60 ft. Date of completion 9/17/75 Well diameter 8 HOLE 5" CASING	
2 Type and color of material			From	To	5 <input 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		
TOPSOIL			0	2	6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> PIV		
REDISH BROWN CLAY			2	7	7 Casing: Material PIV Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 15 in. Diam. _____ Weight 3 lbs./ft. _____ 5 in. to 60 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
CLAY w/ ROCK LAYERS			7	35	8 Screen: Manufacturer JESS + LOWELL Type PIV Dia. 5" Slot gauze 1/16" Length 20' Set between 40 ft. and 40 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8" - 1/4"		
SANDROCK			35	60	9 Static water level: 35 ft. below land surface Date 9/17/75		
STOP			60		10 Pumping level below land surfaces: NA ft. after NA hrs. pumping NA g.p.m. NA ft. after NA hrs. pumping NA g.p.m. Estimated maximum yield 35 g.p.m.		
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.		
					14 Nearest source of possible contamination: ft. 75 Direction NW ST Type SEPTIC TANK Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
					15 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		
16 Remarks: elevation			17 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. Goodcox & Sons Inc Business name License No. _____ Address MILTONVALE, KANSAS Signed Daryl Cox Date 9/17/75 Authorized representative				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5