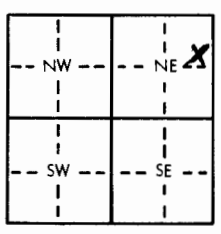


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>SE 1/4 NE 1/4 NE 1/4</b>	Section number <b>32</b>	Township number <b>T 8 S R 2</b>	Range number <b>2</b>
2. Distance and direction from nearest town or city: <b>5 WEST 2</b> Street address of well location if in city: <b>SANTA MILTONVALE</b>			3. Owner of well: <b>BRAUN BROTHERS</b> R.R. or street: <b>R. ROUTE</b> City, state, zip code: <b>MILTONVALE, KANS 67466</b>		
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W E S 1 Mile</div> 			Sketch map: 6. Bore hole dia. <b>5</b> in. Completion date <b>11-14-79</b> Well depth <b>176</b> ft.		
5. Type and color of material			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>176</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1238</b>		
			10. Screen: Manufacturer's name <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>1/16</b> Length <b>20</b> Set between <b>156</b> ft. and <b>176</b> ft. Gravel pack? <b>YES</b> Size range of material <b>5x14</b>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>60</b> ft. below land surface Date <b>11-14-79</b>		
			12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>25+</b> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
			14. Well head completion: ____ 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>4</b> ft. to <b>14</b> ft.		
			16. Nearest source of possible contamination: <b>DUG</b> ft. <b>50</b> Direction <b>EAST</b> Type <b>WELL</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:			19. Remarks: <b>OLD DUG WELL 50' FROM NEW WELL WILL BE PLUGGED BY OWNER</b>		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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>DAVE LLOYD SONS INC 359</b> Business name _____ License No. _____ Address <b>Highway 66 67437</b> Signed <b>Dave Lloyd</b> Date <b>11-25-79</b> Authorized representative		

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

Form WWC-5