WATER WELL RECORD KSA 82a-1201-1215

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

	County Fraction			Section number		Township number	Range number	
1. Location of well:	CLOUD	5W1/45W1/45U	1/4	ز	32	т 8 s	R 2	
2. Distance and direction from nearest town or city: 6 W - 3 5 3. Owner of well: CARL RICHARDS VR,								
Street address of well location if in city: MILTONUALE R.R. or street: Roc City, state, zip cade: M						PICTONUALE, KANS 67466		
						6. Bore hole dia. 22 in. Well depth 235 ft.		
- N								/
						7 Cable tool XRotary Driven Dug Hollow rod Jetted Bored Reverse rotary		
						8. Use: Domestic Public supply Industry		
						9. Casing: Material Aleight Above or below		
						Threoded Welded RMP PVC	iSurface	in. lbs./ft.
ı→ 1 Mile → I						Dia 12 in. to 235ft. depth Wall Thickness: inches or		
5. Type and color of material				From	To	Dia in. to ft. dep		
TOPIALL				0	3	VOHNSON CONCRETE		
TOPSOIL					15	Type // Slot/gauze // 3	Dia	
BROWN CLAY				3	//	Set betweenft. c	ft. and	ft.
SOFT SANDY CLAY				17	70	Gravel pack?		5
GIRAY CLAY				70	100	11. Static water level:ft. below land sur		/day/yr. 27
SANDROCK				120	235	12. Pumping level below land	surfaces:	
(TOP				135			nrs. pumping/200	g.p.m.
	ر د			<i></i>		Estimated maximum yield		.g.p.m.
						13. Water sample submitted: Yes X No	mo./ Date	/day/yr.
					-	14. Well head completion:	/5 l. l	
						Well grouted? VES	12 Inches above g	1
						With: Neat cement,Bentonite Concrete Depth: From ft. to ft.		
						16 Normal array of a sailal		
				<u> </u>		ft. 300 Direction Z	EEK	
					-	Well disinfected upon comple	Not installed	No
						Manufacturer's name	STEPNLAN	ek "
						Model number 5-72/-/2 Length of drop pipe 2-2-0	The capacity SOC	3.p.m. (1)
						Type: Submersible	X Turbine	
<u></u>				 		Jet	Reciproc	cating _ Wj
10.51	(Use a second s	heet if needed)		<u>i</u>	<u></u>	Centrifugal	Other Other	—— ; V
18. Elevation: 19. Remarks:						20. Water well contractor's of This well was drilled under m	y jurisdiction and this i	report
Topography:						is true to the best of my know	rledge and belief.	N = =
HIII A					Business name	Va.M Lice	nse No.	
Slope Vipland	:					Address Alass	FORM 1069	3/2/
Valley Date Authorized representative 10 - 20 - 77								22 2 X