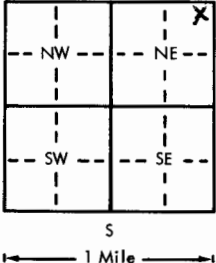


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

*Taylor #1*

1. Location of well: County <i>Rice</i>		Fraction <i>NE 1/4 NE 1/4 NE 1/4</i>	Section number <i>20</i>	Township number <i>T 21 S</i>	Range number <i>R 10 W E/W</i>
2. Distance and direction from nearest town or city <i>4.5 South</i> Street address of well location if in city: <i>West Raymond</i>			3. Owner of well: <i>Sterling Dullinger Co</i> R.R. or street: <i>Sterling Kansas</i> City, state, zip code: _____		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <i>5</i> in. Completion date <i>12-6-75</i> Well depth <i>85</i> ft.	
5. Type and color of material		From		To	
		<i>Clay</i>		<i>0</i>	<i>10</i>
		<i>Sand</i>		<i>10</i>	<i>30</i>
		<i>Clay</i>		<i>30</i>	<i>40</i>
		<i>Sand</i>		<i>40</i>	<i>60</i>
<i>Gravel</i>		<i>60</i>	<i>85</i>		
				7. <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	
				8. Use: <input 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <i>Plastic</i> Height: <i>Above</i> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>224</i> lbs./ft. Dia. <i>5</i> in. to <i>85</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
				10. Screen: Manufacturer's name <i>Pearless Plastic</i> Type <i>PVC</i> Dia. <i>5</i> Slot gauge <i>3/8</i> Length <i>30</i> Set between <i>65</i> ft. and <i>85</i> ft. _____ ft. and _____ ft. Gravel pack? <i>yes</i> Size range of material <i>5/16</i>	
				11. Static water level: _____ mo./day/yr. <i>16</i> ft. below land surface Date <i>12-6-75</i>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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 _____ Inches above grade	
				15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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	
(Use a second sheet if needed)					
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. <i>Myers Water Well 148</i> Business name _____ License No. _____ Address <i>West Bond Ks</i> Signed <i>Richard A. Myers</i> Date <i>12-6</i> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 21  
 R 10 W  
 Sec 20  
 NE 1/4  
 NE 1/4  
 NE 1/4

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

Form WWC-5