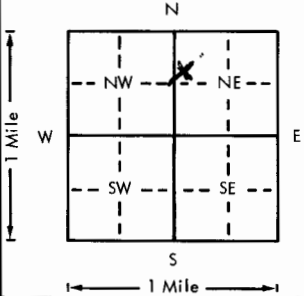


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Gordon #1

| | |
|--|--|
| 1. Location of well: County <u>Rice</u> Fraction <u>SW 1/4 NW 1/4 NE 1/4</u> Section number <u>21</u> Township number <u>T 21 S</u> Range number <u>R 10 W</u> E/W | |
| 2. Distance and direction from nearest town or city: <u>4 1/2 south</u> Street address of well location if in city: <u>1/2 west Raymond</u> 3. Owner of well: <u>Stirling Drilling Co</u> R.R. or street: <u>Stirling</u> City, state, zip code: <u>Kansas</u> | |
| 4. Locate with "X" in section below: Sketch map:  | |
| 5. Type and color of material | |
| | From To |
| <u>Clay</u> | <u>0</u> <u>10</u> |
| <u>Sandy clay</u> | <u>10</u> <u>30</u> |
| <u>Sand</u> | <u>30</u> <u>50</u> |
| <u>Gravel</u> | <u>50</u> <u>60</u> |
| 6. Bore hole dia. <u>5</u> in. Completion date <u>12-28-76</u> Well depth <u>60</u> ft. | |
| 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 <u>Plastic</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <u>MJC</u> <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>7.7</u> lbs./ft. Dia. <u>2</u> in. to <u>50</u> ft. depth Wall Thickness: <u>inches</u> Dia. <u>in.</u> to <u>ft.</u> depth gage No. <u>actual 40</u> | |
| 10. Screen: Manufacturer's name <u>self made</u> Type <u>PVC</u> Dia. <u>2</u> Slot/gauze <u>5</u> Length <u>10</u> Set between <u>30</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>5-1/2</u> | |
| 11. Static water level: <u>12</u> ft. below land surface Date <u>12-28-76</u> mo./day/yr. | |
| 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? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> 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 _____ 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: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | 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. <u>Myers Water Well Serv</u> License No. _____ Address <u>Brentwood Ks</u> Signed <u>A. Myers</u> Date <u>12-28-76</u> Authorized representative |

T 21 S R 10 W Sec 21

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

Form WWC-5