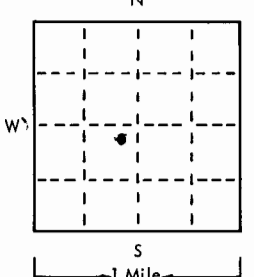


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

1 Location of well:	County <i>Rice</i>	Township name	Fraction <i>NE NE SW</i>	Section number <i>28</i>	Town number <i>21S</i>	Range number <i>7W</i>	
Distance and direction from nearest town or city: <i>5 east 1 1/2 south of Sterling</i>			3 Owner of well: <i>Sterling Drilling Co</i> Address: <i>Sterling Kansas</i>				
Locate with "X" in section below: N  W) () () E S 1 Mile			Sketch map:			4 Well depth: <i>65</i> ft. Date of completion: <i>8-12-75</i> Well diameter: <i>9</i> in.	
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		
					6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>oil field supply</i>		
			<i>Clay</i>	<i>0</i>	<i>10</i>	7 Casing: Material: <i>PVC</i> Weight: (above/below) Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>72</i> in. Diam. _____ Weight: <i>22</i> lbs./ft. <i>100</i> <i>6</i> in. to <i>65</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
			<i>Sand</i>	<i>10</i>	<i>20</i>	8 Screen: Manufacturer: <i>Pearless Plastic</i> Type: <i>PVC</i> Dia. <i>6</i> Slot/gauze: <i>1/2</i> Length: <i>20</i> Set between: <i>45</i> ft. and <i>60</i> ft. Fittings: Gravel pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: <i>1/4 - 1/2</i>	
			<i>Shovel</i>	<i>20</i>	<i>65</i>	9 Static water level: <i>10</i> ft. below land surface Date: <i>8-12-75</i>	
						10 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.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>0</i> ft. to <i>12</i> ft.	
						14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input 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.m.p. 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. <i>Messers Water Well 143</i> Business name _____ License No. _____ Address: <i>Great Bend Mo</i> Signed: <i>Robert A. Myers</i> Date: <i>8-12-75</i> Authorized representative				

21 7W 28 NE NE SW

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

Form WWC-5