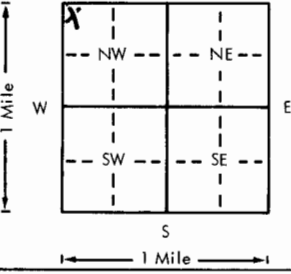



USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

<input checked="" type="checkbox"/> Location of well:	County <u>Rice</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section number <u>2</u>	Township number <u>T 21 S</u>	Range number <u>S R 8 W E/W</u>
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: <u>1 1/2 miles East of Sterlings 350</u> Street address of well location if in city: <u>Sterlings 350</u>			3. Owner of well: <u>Lonny Elliott</u> R.R. or street: <u>R.R. 1</u> City, state, zip code: <u>Sterling, Kansas 67579</u>		
4. Locate with "X" in section below: 		Sketch map: 		6. Bore hole dia. <u>10</u> in. Completion date <u>8/1/79</u> Well depth <u>45</u> ft.	
5. Type and color of material		From	To	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	
<u>Top soil</u>		<u>6</u>	<u>3</u>	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	
<u>Brown clay</u>		<u>3</u>	<u>7</u>	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>3</u> in. to <u>0</u> ft. depth Wall Thickness: inches or Dia. <u>3</u> in. to <u>25</u> ft. depth gage No. <u>258</u>	
<u>Med Red sand(loose)</u>		<u>7</u>	<u>24</u>	10. Screen: Manufacturer's name <u>Centrin</u> <u>tee</u> Type <u>Sawed</u> Dia. <u>5</u> Slot/gauze <u>1/4</u> Length <u>20</u> Set between <u>25</u> ft. and <u>45</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8 x 1/4</u>	
<u>Clay break</u>		<u>24</u>	<u>25</u>	11. Static water level: _____ mo./day/yr. <u>8'</u> ft. below land surface Date <u>8/1/79</u>	
<u>Med. loose sand</u>		<u>25</u>	<u>45</u>	12. Pumping level below land surfaces: <u>12</u> ft. after <u>1</u> hrs. pumping <u>80</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>100</u> 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 <u>18</u> Inches above grade	
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: ft. _____ Direction <u>none</u> 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. <u>Rosencrantz-Bemis Ent. Inc</u> Business name License No. <u>134</u> Address <u>1211 West 4th, Hutchinson,</u> Signed <u>Mike Flores</u> Date <u>8-26-79</u> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

21
 Sec 2
 NW 1/4
 126
 NW 1/4

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

Form WWC-5