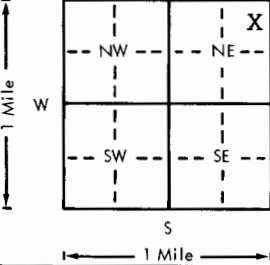


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County Rice	Fraction 1/4 NE 1/4 NE 1/4	Section number 21	Township number T 21 S R 8	Range number EW
2. Distance and direction from nearest town or city: Street address of well location if in city: In Sterling - Address Unknown			3. Owner of well: R.R. or street: Glen Risley Rural Route Sterling, KS 67579 City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		6. Bore hole dia. 9 1/2 in. Completion date 10-18-78 Well depth 30 ft.	
5. Type and color of material			From		To	
			Top soil & brown clay		0 8	
			Sand & gravel		8 16	
			Blue clay		16 20	
			Sand & gravel		20 30	
					7. 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
					9. Casing: Material Styrene Height: <input checked="" type="checkbox"/> Above <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 1.5 lbs./ft. Dia. 5 in. to 20 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200	
					10. Screen: Manufacturer's name Jess & Lowell Type Styrene 200 Dia. 5" Slot/gauze 1/8" Length 10' Set between 20 ft. and 30 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material 3/8-200	
					11. Static water level: <input type="checkbox"/> mo./day/yr. 8 ft. below land surface Date 10-18-78	
					12. Pumping level below land surfaces: N/C <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12 Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
					16. Nearest source of possible contamination: FIELD ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. Clarke Well & Eq., Inc. 185 Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address Great Bend, KS 67530 Signed <i>[Signature]</i> Date 10-20-78 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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21-80-21-NE NE

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

Form WWC-5