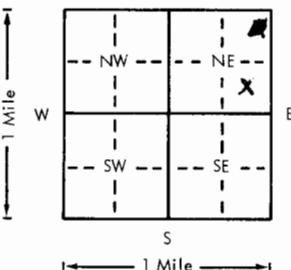


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Rice</u>		Fraction <u>C 1/4 SE 1/4 NE 1/4</u>		Section number <u>24</u>		Township number T <u>21</u> S R <u>9W</u> E/W		Range number	
2. Distance and direction from nearest town or city: <u>College Rd 2 1/2 west Sterling Ks</u> Street address of well location if in city: <u>990 FNL. 1/40 FEL NE 1/4</u>				3. Owner of well: <u>STERLING DELP.</u> R.R. or street: City, state, zip code: <u>STERLING, Ks.</u>					
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>9</u> in. Completion date <u>12-12-78</u> Well depth <u>60</u> ft.					
5. Type and color of material				From		To		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	
				Sandy		0		10	
		Sandy Clay		10		20		9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>278-3</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
		Clay		20		40		10. Screen: Manufacturer's name _____ <u>Wireless</u> Type <u>SAW</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>60</u> ft. and <u>40</u> ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
		Gravel		40		60		11. Static water level: _____ mo./day/yr. <u>10</u> ft. below land surface Date <u>12-12-78</u>	
				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 <u>12</u> 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: _____ 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>Myers Water Well 143</u> Business name _____ License No. _____ Address <u>Great Bend 14</u> Signed <u>Lloyd Hasendall</u> Date <u>12-12</u> Authorized representative					
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

21-90-24 C SE NE 1/4 1/4

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

Form WWC-5