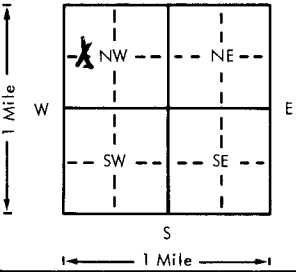


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>Center E 1/4 NW</u> Section number <u>25</u> Township number <u>T 215 S</u> Range number <u>R 9W</u> E/W	
2. Distance and direction from nearest town or city: <u>2 1/2 Miles West Sterling, Mo.</u> Street address of well location if in city: _____	
3. Owner of well: <u>Stirling L. Co.</u> R.R. or street: _____ City, state, zip code: <u>Stirling, Mo.</u>	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <u>5 1/2</u> in. Completion date <u>3-23-78</u> Well depth <u>60</u> ft.	
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	
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 <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>2873</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches _____ Dia. _____ in. to _____ ft. depth gage No. <u>200 #</u>	
5. Type and color of material	
	From To
<u>Sand</u>	0 8
<u>Clay</u>	8 26
<u>Soft</u>	26 30
<u>Gravel</u>	30 60
10. Screen: Manufacturer's name <u>Shaw-Walker</u> Type <u>Sand</u> Dia. <u>5</u> Slot/groze <u>8'</u> Length <u>2'</u> Set between <u>8'40</u> ft. and <u>260</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>"4"</u>	
11. Static water level: _____ mo./day/yr. <u>11</u> ft. below land surface Date <u>3-29-78</u>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>200 gal</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>20</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 _____ 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:  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 Service</u> Business name _____ License No. _____ Address <u>1421</u> Signed <u>Charles Myers</u> Date _____ Authorized representative

T 21  
 R 9  
 W E  
 S 25  
 Sec 25  
 1/4 1/4  
 1/4 1/4  
 1/4 1/4

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

Form WWC-5  
9-21-78