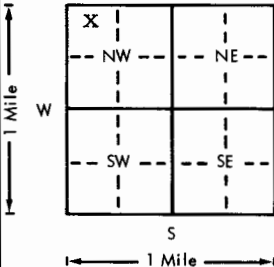


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Rice</b>	Fraction <b>NE 1/4 NW 1/4 NW 1/4</b>	Section number <b>35</b>	Township number <b>T 21 S R 9 E</b> <b>(W)</b>	Range number
2. Distance and direction from nearest town or city: <b>4 1/2 miles Southwest of Sterling, KS</b> Street address of well location if in city:			3. Owner of well: <b>Glenn McMurphy</b> R.R. or street: <b>Rural Route</b> City, state, zip code: <b>Sterling, KS 67579</b>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <b>9</b> in. Completion date <b>3-11-77</b> Well depth <b>30</b> ft.	
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary	
Top soil		0	4	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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Brown clay		4	10	9. Casing: Material <del>steel</del> <b>Styrene</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>30.3</b> lbs./ft. Dia. <b>5</b> in. to <b>20</b> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200#</b>	
Sand & gravel & thin clay @ 17'		10	29	10. Screen: Manufacturer's name <b>JESS &amp; Lowell</b> Type <b>Styrene 200</b> Dia. <b>5"</b> Slot gauze <b>1/8</b> Length <b>10'</b> Set between <b>20</b> ft. and <b>30</b> ft. _____ ft. and _____ ft.	
Gray clay		29	30	11. Static water level: _____ mo./day/yr. <b>10' 6"</b> ft. below land surface Date <b>3-11-77</b>	
				12. Pumping level below land surfaces: <b>N/C</b> _____ 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. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ <b>12</b> inches above grade	
				15. Well grouted? <b>YES</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to <b>10</b> ft.	
				16. Nearest source of possible contamination: <b>Field</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" 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. <b>Clarke Well &amp; Eq., Inc. 185</b> Business name License No. Address <b>Great Bend, KS 67530</b> Signed <i>[Signature]</i> Date <b>3-31-77</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

21  
 R  
 90  
 35  
 NE NW  
 1/4 1/4  
 Sec

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

Form WWC-5