

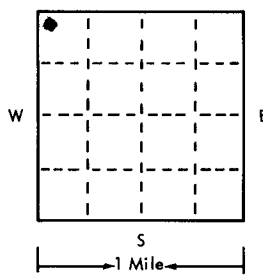
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 820-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Unsub #41

1 Location of well:	County <i>Lawrence</i>	Township name	Froction <i>NW NW NW</i>	Section number <i>13</i>	Town number <i>22 S</i>	Range number <i>16 W</i>
Distance and direction from nearest town or city: <i>1 South 3 east</i>			3 Owner of well: <i>Sterling Drilling Co</i>			
Street address of well location if in city: <i>1 South of Larned</i>			Address: <i>Sterling Kansas</i>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <i>85</i> ft. Date of completion <i>7-7-72</i> Well diameter <i>8</i> in.
2 Type and color of material			From		To	
			<i>Clay</i>		<i>0</i>	<i>25</i>
			<i>Sand</i>		<i>25</i>	<i>35</i>
			<i>Sandy Clay</i>		<i>35</i>	<i>60</i>
			<i>Gravel</i>		<i>60</i>	<i>85</i>
					5 <input 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	
					6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>oil field sup.</i>	
					7 Casing: Material <i>AMP</i> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. <i>5</i> in. to <i>85</i> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No Weight <i>14.8</i> lbs./ft. <i>100</i> — in. to — ft. depth!	
					8 Screen: Manufacturer <i>East Lowell</i> Type <i>AMP</i> Dia. <i>5</i> Slot/gauze <i>1/8</i> Length <i>10</i> Set between <i>75</i> ft. and <i>85</i> ft. Fittings: <i>75</i> <i>85</i> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/4</i>	
					9 Static water level: <i>30</i> ft. below land surface Date <i>7-7-72</i>	
					10 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.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>0</i> ft. to <i>10</i> ft.	
					14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity ____ g.m.p. 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	
16 Remarks: elevation					17 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. <i>Mans Water Well 143</i> Business name _____ License No. _____ Address <i>East Bend KS</i> Signed <i>Robert Mans</i> Date <i>7-7-72</i> Authorized representative	

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

82 16 W 13 NW NW