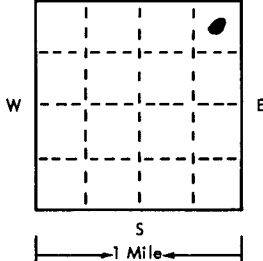


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County Pawnee	Township name W E N E N E	Fraction NE NE	Section number 19	Town number 22	Range number 16 W
Distance and direction from nearest town or city: 2 - South 1 west 1/2 South of Larned			3 Owner of well: Stirling Drilling Co Stirling Mo. Ewing #1			
Street address of well location if in city:			Address:			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			Well depth: 30 ft. Date of completion 3-1-75 Well diameter 2 3/4 in.
2 Type and color of material			From	To	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	
Sand			0	5	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
Clay			5	12	7 Casing Material PMA Plastic Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 4 in. Diam. Weight 125 lbs./ft. 100 4 in. to 50 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 in. to 50 ft. depth	
Sand			12	28	8 Screen: Manufacturer Jay & Lowell Type slotted Dia. 4 Slot/gauze 1/8 Length 10 Set between 40 ft. and 50 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4	
Gravel			28	50	9 Static water level: 11 ft. below land surface Date 3-1-75	
Well Given to: J. D. Ewing					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 125 g.p.m.	
804 Carroll					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
Larned, Kansas 67560					12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
Written com. from Stirling DRLG 4/25/75					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 0 ft. to 10 ft.	
4/28/75 DWB					14 Nearest source of possible contamination: east ft. 200 Direction east Type water Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)					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. Myers water well 143 Business name Stout Bend Mo License No. _____ Address _____ Signed Robert A Myers Date 3-1-75 Authorized representative			

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

Form WWC-5