

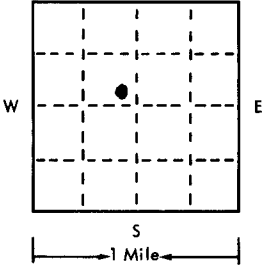
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

Yeager #1

1 Location of well:	County <i>Pawnee</i>	Township name	Fraction <i>SE SE NW</i>	Section number <i>23</i>	Town number <i>22 S</i>	Range number <i>16 W</i>
Distance and direction from nearest town or city: <i>2 1/2 east 2 1/2 south Larned</i>			3 Owner of well: <i>Stirling Drilling Co</i> Address: <i>Stirling, Mo.</i>			
Locate with "X" in section below: 			Sketch map:			4 Well depth: <i>120</i> ft. Date of completion <i>7-22-75</i> Well diameter: <i>8</i> in.
2 Type and color of material			Fram	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	
			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>PVC</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. <i>5</i> in. to <i>120</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>5</i> in. to <i>120</i> ft. depth			
			8 Screen: Manufacturer <i>Int. Stream</i> Type <i>PVC</i> Dia. <i>5</i> Slot gauge <i>1/8</i> Length <i>20</i> Set between <i>100</i> ft. and <i>120</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>4-1/4</i>			
			9 Static water level: <i>52</i> ft. below land surface Date <i>7-22-75</i>			
(use a second sheet if needed)			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <i>150</i> 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 checked="" 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 Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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>Myers Water Well</i> <i>143</i> Business name License No. Address <i>Great Bend, Mo.</i> Signed <i>Edward A. Myers</i> Date <i>7-22-75</i> Authorized Representative			

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

Form WWC-5