

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

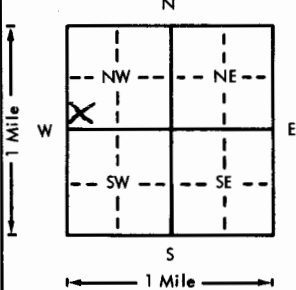
WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

*well #1 SW*

1. Location of well: County Harvey Fraction SW 1/4 NW 1/4 SW 1/4 Section number 36 Township number 22 S Range number 3 W E

2. Distance and direction from nearest town or city: 3 mi Street address of well location if in city: 1/2 north Burton 3. Owner of well: Stirling Drilling Co R.R. or street: Stirling Kansas City, state, zip code:

4. Locate with "X" in section below: Sketch map: 

6. Bore hole dia. 8 in. Completion date 2-14-76  
Well depth 85 ft.

7.  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jetted  Bored  Reverse rotary

8. Use:  Domestic  Public supply  Industry  
 Irrigation  Air conditioning  Stock  
 Lawn  Oil field water  Other

9. Casing: Material Plastic Height: 0 or below  
Threaded  Welded  Surface 12 in.  
RMP  PVC  Weight 224 lbs./ft.  
Dia. 5 in. to 85 ft. depth Wall Thickness: inches or  
Dia. 5 in. to 85 ft. depth gauge No. 200

5. Type and color of material	From	To
<u>Clay</u>	<u>0</u>	<u>20</u>
<u>Sandy Clay</u>	<u>20</u>	<u>50</u>
<u>Sand</u>	<u>50</u>	<u>65</u>
<u>Gravel</u>	<u>65</u>	<u>85</u>

10. Screen: Manufacturer's name Perless Plastic  
Type PVC Dia. 5  
Sieve gauge 20 Length 20  
Set between 65 ft. and 85 ft.  
Gravel pack? yes Size range of material 5/8"

11. Static water level: 14 ft. below land surface Date 2-14-76 mo./day/yr.

12. 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.

13. Water sample submitted: \_\_\_\_ mo./day/yr.  
Yes  No  Date

14. Well head completion:  Pitless adapter \_\_\_\_ inches above grade

15. Well grouted? yes  
With:  Neat cement  Bentonite  Concrete  
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:  
ft. \_\_\_\_ Direction \_\_\_\_ Type \_\_\_\_  
Well disinfected upon completion? Yes  No

17. Pump:  Not installed  
Manufacturer's name \_\_\_\_  
Model number \_\_\_\_ HP \_\_\_\_ Volts \_\_\_\_  
Length of drop pipe \_\_\_\_ ft. capacity \_\_\_\_ g.p.m.  
Type:  
 Submersible  Turbine  
 Jet  Reciprocating  
 Centrifugal  Other

18. Elevation: Topography:  Hill  Slope  Upland  Valley

19. Remarks: (Use a second sheet if needed)

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.  
Business name Myers Water Well License No. 143  
Address Great Bend Ks  
Signed Alfred Myers Date 2-14-76  
Authorized representative

22-30 36 SW 1/4 NW 1/4 SW

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

Form WWC-5