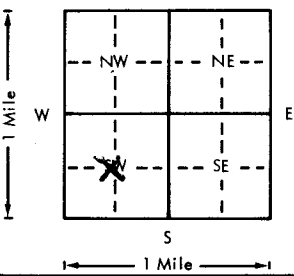


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

watson #1

<input checked="" type="checkbox"/> Location of well:	County: <i>Shafford</i>	Fraction: <i>C 5 N 1/4</i> <small>1/4 1/4 1/4</small>	Section number: <i>16</i>	Township number: <i>23 S</i>	Range number: <i>14 W</i>
<input checked="" type="checkbox"/> Distance and direction from nearest town or city:	Street address of well location if in city: <i>South 3/4 Madison</i>		3. Owner of well: <i>Sterling Drilling Co</i> R.R. or street: <i>Sterling Kansas</i> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <i>8.0</i> in. Completion date: <i>5-24-71</i> Well depth <i>65</i> ft.
					7. <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
					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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other
					9. Casing: Material <i>Plastic</i> Height <i>0</i> Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>282.3</i> lbs./ft. Dia. <i>5</i> in. to <i>65</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i>
					10. Screens: Manufacturer's name <i>Self made</i> Type <i>6 P.C.</i> Dia. <i>5</i> Slot/auze <i>3/8</i> Length <i>20</i> Set between <i>45</i> ft. and <i>65</i> ft. Gravel pack? <i>yes</i> size range of material <i>1/8-1/4</i>
					11. Static water level: <i>15</i> ft. below land surface Date <i>5-24-71</i> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
					14. Well head completion: <input type="checkbox"/> Pitless adapter ____ inches above grade
					15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>12</i> ft.
					16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input 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. <i>Myers Water Well</i> Business name: <i>At Bend Ks</i> License No. <i>143</i> Address: <i>At Bend Ks</i> Signed: <i>At Myers</i> Date: <i>5-24-71</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 23
 R 14 W
 S 16
 C 5 N 1/4
 1/4 1/4 1/4

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

Form WWC-5