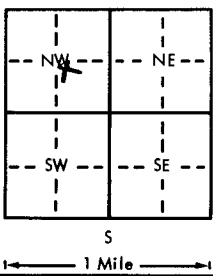


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

Crossman #2

1. Location of well:		County <i>Paumotu</i>	Fraction <i>NW SE NW</i> 1/4 1/4 1/4	Section number <i>20</i>	Township number <i>T 23 S</i>	Range number <i>R 15 W</i>
2. Distance and direction from nearest town or city: Street address of well location if in city:		<i>5 north 1 1/2 west 2 north Maxville</i>		3. Owner of well: R.R. or street: City, state, zip code: <i>Sterling Drilling Co Sterling Kansas</i>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <i>8</i> in. Completion date Well depth <i>75</i> ft. <i>8-6-77</i>		
5. Type and color of material		From	To	7. <input checked="" 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>Galv</i> Height: 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>287.3</i> lbs./ft. Dia. <i>5</i> in. to <i>75</i> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <i>200</i>		
				10. Screen: Manufacturer's name Type <i>Self made</i> Dia. <i>5</i> Slot gauge <i>5</i> Length <i>20</i> Set between <i>55</i> ft. and <i>75</i> ft. Gravel pack? <i>yes</i> Size range of material <i>5-6</i>		
				11. Static water level: <i>22</i> ft. below land surface Date <i>8-6-77</i> mg./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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
				14. Well head completion: ____ Pitless adapter ____ Inches above grade		
				15. Well grouted? <i>yes</i> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.		
				16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ 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		
18. Elevation:		(Use a second sheet if needed)		19. Remarks: <i>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. Meyers Water Well Business name <i>St Bend</i> License No. <i>143</i> Address <i>Ks</i> Signed <i>A Meyers</i> Date <i>8-6-77</i> Authorized representative</i>		

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

Form WWC-5