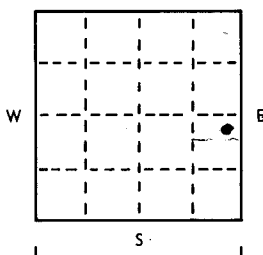


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 Na.

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

1 Location of well:	County <b>Pawnee</b>	Township name	Fraction <b>NE NESE</b>	Section number <b>16</b>	Town number <b>23 S</b>	Range number <b>16 W</b>
Distance and direction from nearest town or city: <b>1 mile east</b>			3 Owner of well: <b>Sterling Drilling Co</b>			
Street address of well location if in city: <b>1/2 South of Zook</b>			Address: <b>Sterling Smith</b>			
Locate with "X" in section below: N  W S 1 Mile			Sketch map: <b>PLC</b>			4 Well depth: <b>60</b> ft. Date of completion: <b>6-26-75</b> Well diameter <b>8</b> in.
2			Type and color of material			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"/> <b>Oil field</b>
						7 Casing: Material: <b>Steel</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>2</b> Weight <b>10</b> lbs./ft. <b>10</b> <b>2</b> in. to <b>60</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>2</b> in. to <b>60</b> ft. depth
						8 Screen: Manufacturer: <b>Gen &amp; Lemell</b> Type: <b>PLC</b> Dia. <b>2</b> Slot/gauge: <b>1/2</b> Length <b>10</b> Set between <b>30</b> ft. and <b>60</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: <b>5-10</b>
						Static water level: <b>14</b> ft. below land surface Date <b>6-26-75</b>
			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>50</b> 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 <b>10</b> 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 <b>0</b> ft. to <b>10</b> ft.			
			14 Nearest source of possible contamination: <b>None</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input 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			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. <b>Myers Nat. Well</b> <b>143</b> Business name License No. Address <b>West Bend, Mo</b> Signed <b>Myers</b> Date <b>6-26-75</b> Authorized representative			

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

Form WWC-5