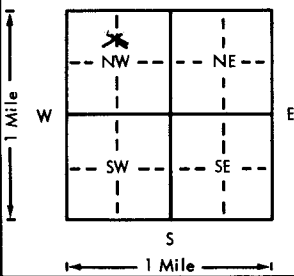


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 820-1201-1215

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

Location of well: <i>George #1</i>		County: <i>Pawnee</i>	Fraction: <i>C 1/4 N 1/2 T 1/4 NW 1/4</i>	Section number: <i>34</i>	Township number: <i>23 S</i>	Range number: <i>16 W</i>
2. Distance and direction from nearest town or city: <i>3 South</i>		3. Owner of well: <i>Stirling Drilling</i>				
Street address of well location if in city: <i>East York 3rd</i>		R.R. or street: <i>Stirling Kansas</i>				
City, state, zip code:						
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>8</i> in. Completion date <i>11-24-76</i>		
				Well depth <i>60</i> ft.		
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
<i>Clay</i>		<i>0</i>	<i>10</i>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
<i>Sandy Clay</i>		<i>10</i>	<i>25</i>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
<i>Sand</i>		<i>25</i>	<i>40</i>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		
<i>Gravel</i>		<i>40</i>	<i>60</i>	<input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <i>Plastic</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>282.3</i> lbs./ft.		
				Dia. <i>5</i> in. to <i>60</i> ft. depth Wall Thickness: inches or		
				Dia. <i>5</i> in. to <i>60</i> ft. depth gage No. <i>200</i>		
				10. Screen: Manufacturer's name <i>Self made</i>		
				Type <i>PVC</i> Dia. <i>5</i>		
				Slot/gauze <i>1/8</i> Length <i>20</i>		
				Set between <i>40</i> ft. and <i>60</i> ft.		
				Gravel pack? <i>yes</i> Size range of material <i>1/8 - 1/4</i>		
				11. Static water level: <i>14</i> ft. below land surface Date <i>11-24-76</i>		
				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 type="checkbox"/> No <input checked="" type="checkbox"/> 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? ____ 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:		19. Remarks:		20. Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report		
<input checked="" type="checkbox"/> Hill				is true to the best of my knowledge and belief.		
<input checked="" type="checkbox"/> Slope				<i>Myers Water Well</i>		
<input type="checkbox"/> Upland				Business name <i>St Ben Rd</i> License No. <i>143</i>		
<input type="checkbox"/> Valley				Address <i>St Ben Rd</i> Signed <i>A Myers</i> Date <i>11-24-76</i>		
				Authorized representative		

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

Form WWC-5