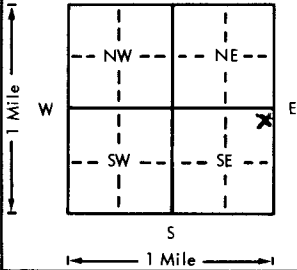


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

City of Garfield #1

1. Location of well: <u>Lawrence</u>		Fraction: <u>NE 1/4 NE 1/4 SE 1/4</u>	Section number: <u>31</u>	Township number: <u>T 23 S</u>	Range number: <u>R 17 W</u>
2. Distance and direction from nearest town or city: <u>4 1/2 South of Garfield</u>			3. Owner of well: <u>Stirling Drilling Co</u> R.R. or street: <u>Stirling Kansas</u> City, state, zip code: <u>Stirling Kansas</u>		
4. Locate with "X" in section below: 			6. Bore hole dia. <u>8</u> in. Completion date: <u>11-15-77</u> Well depth: <u>60</u> ft.		
5. Type and color of material			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 <u>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2870</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>60</u> ft. depth gage No. <u>200</u>		
			10. Screen: Manufacturer's name <u>Self made</u> Type <u>PVC</u> Dia. <u>5</u> Slot gauze <u>1/2</u> Length <u>20</u> Set between <u>40</u> ft. and <u>60</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4 - 1/2</u>		
			11. Static water level: <u>18</u> ft. below land surface Date <u>11-15-77</u>		
(Use a second sheet if needed)			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? <u>yes</u> With: ____ Neat cement <input checked="" type="checkbox"/> Bentonite ____ Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ No		
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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		
			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. <u>Myers Water Mnd</u> Business Name License No. <u>143</u> Address <u>St Bernard Ko.</u> Signed <u>A Myers</u> Date <u>11-15-77</u> Authorized representative		
			19. Remarks:		

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

Form WWC-5