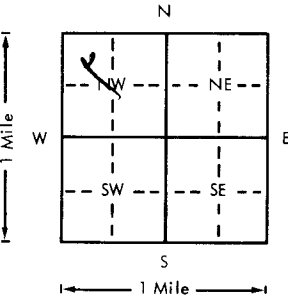


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Miller C-1-33

1. Location of well:		County Lawnee	Fraction C NW 1/4 NW 1/4 NW 1/4	Section number 33	Township number T 23	Range number S R 17 E/W
2. Distance and direction from nearest town or city: 5 WEST 1/4 SOUTH 2000 3300 ft			3. Owner of well: Steeling & Co R.R. or street: Box 129 City, state, zip code: Steeling, KS 67579			
4. Locate with "X" in section below: 			Sketch map:		6. Bore hole dia. 9 in. Completion date 3-15-79 Well depth 60 ft.	
5. Type and color of material			From		To	
			Fine Sand		1	5
			Sandy Clay		5	20
			Fine Sand		20	40
			Gravel		40	60
10. Screen: Manufacturer's name Pearless			Type Saw Dia. 5			
11. Static water level: 23 ft. below land surface Date 3-15-79			Slot/gauze #18 Length 20			
12. Pumping level below land surfaces:			Set between 60 ft. and 40 ft.			
13. Water sample submitted:			Gravel pack? X Size range of material 1/4-1/4			
14. Well head completion:			15. Well grouted? X			
16. Nearest source of possible contamination:			With: X Neat cement X Bentonite X Concrete			
17. Pump:			Depth: From 0 ft. to 10 ft.			
18. Elevation:			16. Nearest source of possible contamination:			
19. Remarks:			ft. None Direction None Type None			
20. Water well contractor's certification:			Well disinfected upon completion? Yes X No			
Topography:			17. Pump:			
Hill			Manufacturer's name X Not installed			
Slope			Model number X HP X Volts X			
Upland			Length of drop pipe X ft. capacity X g.p.m.			
Valley			Type:			
			Submersible Turbine			
			Jet Reciprocating			
			Centrifugal 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.			
			Business name Miller Water Well 143			
			Address Great Bend, KS 67530			
			Signature John Kasanovich Date 3-15-79			
			Authorized representative 3-15-79			

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

Form WWC-5