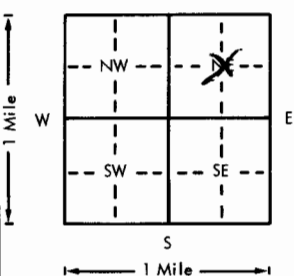


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Well #1

1. Location of well: County <i>Stafford</i> <i>Parsons</i>		Fraction <i>C NE A</i> 1/4 1/4 1/4		Section number <i>28</i>	Township number <i>T 24 S</i>	Range number <i>R 15 W E/W</i>
2. Distance and direction from nearest town or city: <i>1/2 south of Maxville</i>				3. Owner of well: <i>Stirling Drilling</i> R.R. or street: City, state, zip code: <i>Stirling Kansas</i>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <i>8</i> in. Completion date Well depth <i>85</i> ft. <i>10-27-75</i>		
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 <i>Plastic</i> Height: <i>0</i> 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>224-100</i> ft. Dia. <i>5</i> in. to <i>85</i> ft. depth Wall Thickness: <i>1/8</i> inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>265</i>		
				10. Screen: Manufacturer's name <i>Pitless Plastic</i> Type <i>PVC</i> Dia. <i>5</i> Slot/gauze <i>3/8</i> Length <i>20</i> Set between <i>65</i> ft. and <i>85</i> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <i>yes</i> Size range of material <i>3/4</i>		
				11. Static water level: <i>17</i> ft. below land surface Date <i>10-27-75</i> mo./day/yr.		
				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <i>17</i> 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>10</i> ft.		
				16. Nearest source of possible contamination: <i>None</i> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		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. <i>Myers Water Well 143</i> Business name License No. Address <i>Great Bend Ks</i> Signed <i>Alfred A. Myers</i> Date <i>10-27-75</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 24 S
 R 15 W E
 Section 28
 C 1/4 NE 1/4

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

Form WWC-5