

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

*Cummings #1*

1. Location of well: County *Edwards* Fraction *Q 5 1/2 NE* Section number *2* Township number *T 14 S* Range number *R 16 W*

Distance and direction from nearest town or city: *2 N - 3 E Belpre*

3. Owner of well: *Stirling Drilling Co*  
R.R. or street: *Stirling Kansas*  
City, state, zip code: *Stirling Kansas*

4. Locate with "X" in section below: Sketch map:

6. Bore hole dia. *5* Completion date *Nov 15-77*  
Well depth *60* ft.

7.  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jetted  Bored  Reverse rotary

8. Use:  Domestic  Public supply  Industry  
 Irrigation  Air conditioning  Stock  
 Lawn  Oil field water  Other

9. Casing: Material *Plastic* Weight *Above* or below  
Threaded  Welded  Surface *12* in.  
RMP  PVC  Weight  lbs./ft.  
Dia. *2* in. to *60* ft. depth Wall Thickness: inches or  
Dia.  in. to  ft. depth Gauge No. *Standard 40*

5. Type and color of material	From	To
<i>Clay</i>	<i>0</i>	<i>5</i>
<i>Sandy clay</i>	<i>5</i>	<i>25</i>
<i>Sand</i>	<i>25</i>	<i>50</i>
<i>Gravel</i>	<i>50</i>	<i>60</i>

10. Screen: Manufacturer's name *Self made*  
Type *PVC* Dia. *2*  
Flow gauze *1/8* Length *10*  
Set between *50* ft. and *60* ft.  
Gravel pack? *yes* Size range of material *3/4 - 1/2*

11. Static water level: *15* ft. below land surface Date *11-15-77* mo./day/yr.

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? *yes*  
With:  Neat cement  Bentonite  Concrete  
Depth: From *0* ft. to *10* ft.

16. Nearest source of possible contamination:  
ft. \_\_\_\_ Direction \_\_\_\_ Type \_\_\_\_  
Well disinfected upon completion? \_\_\_\_ Yes \_\_\_\_ No

17. Pump:  Not installed  
Manufacturer's name \_\_\_\_  
Model number \_\_\_\_ HP \_\_\_\_ Volts \_\_\_\_  
Length of drop pipe \_\_\_\_ ft. capacity \_\_\_\_ g.p.m.  
Type:  
 Submersible  Turbine  
 Jet  Reciprocating  
 Centrifugal  Other

18. Elevation: Topography:  Hill  Slope  Upland  Valley

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.  
Business name *Stirling Water Well* License No. *143*  
Address *400 Band Ko*  
Signed *C. Myers* Date *11-15-77*  
Authorized representative

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

Form WWC-5

T 14 S  
 R 16 W  
 Sec 2  
 Q 5 1/2 NE