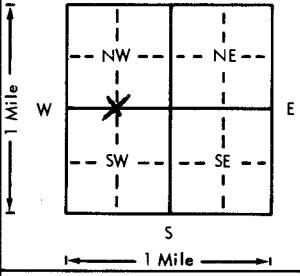


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Balliant # B2

1. Location of well: County <u>Edwards</u>		Fraction <u>C 1/2</u> 1/4 1/4 1/4		Section number <u>6</u>	Township number <u>T 24 S</u>	Range number <u>R 16 W</u>	E/W
2. Distance and direction from nearest town or city: <u>2 north</u> <u>2 west</u> <u>Belprie</u>				3. Owner of well: <u>Stirling Drilling Co</u> R.R. or street: <u>Stirling</u> City, state, zip code: <u>Kansas</u>			
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date <u>10-31-77</u> Well depth <u>70</u> ft.	
5. Type and color of material				7. <input 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: <input type="checkbox"/> 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>287.5</u> lbs./ft. Dia. <u>5</u> in. to <u>20</u> ft. depth Wall Thickness: <u>1/8</u> inches or Dia. <u>5</u> in. to <u>20</u> ft. depth gage No. <u>365</u>			
				10. Screen: Manufacturer's name <u>Self made</u> Type <u>8 VR</u> Dia. <u>5</u> Gauge <u>8</u> Length <u>20</u> Set between <u>50</u> ft. and <u>70</u> ft. ft. and <u>70</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>8-1/4</u>			
				11. Static water level: <u>14</u> ft. below land surface Date <u>10-31-77</u> mo./day/yr.			
				12. Pumping level below land surfaces: <u>50</u> ft. after <u>0</u> hrs. pumping <u>50</u> g.p.m. ft. after <u>0</u> hrs. pumping <u>50</u> g.p.m. Estimated maximum yield <u>50</u> g.p.m.			
				13. Water sample submitted: <u>0</u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>10-31-77</u>			
				14. Well head completion: <u>12</u> inches above grade <input type="checkbox"/> Pitless adapter			
				15. Well grouted? <input checked="" type="checkbox"/> No With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.			
				16. Nearest source of possible contamination: <u>well</u> ft. <u>0</u> Direction <u>well</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> 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							
(Use a second sheet if needed)							
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Myers Water Well</u> Business name _____ License No. _____ Address <u>St Bend Ks 673</u> Signed <u>W Myers</u> Date <u>10-31-77</u> Authorized Representative					

T 24
R 16 W
E
C 1/2
1/4 1/4 1/4

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

Form WWC-5