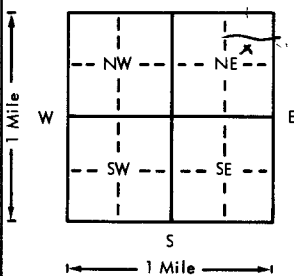


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

*Fisher #1*

1. Location of well: County <u>Edwards Co</u>		Fraction <u>C S 1/4 NE NE</u> 1/4 1/4 1/4		Section number <u>33</u>	Township number <u>T 24 S S</u>	Range number <u>R 16 W E/W</u>
2. Distance and direction from nearest town or city: <u>3 1/4 S - 1/2 E</u> Street address of well location if in city: <u>Belpre</u>			3. Owner of well: <u>Stirling Drilling Co</u> R.R. or street: <u>Stirling Kansas</u> City, state, zip code:			
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 _____ Well depth <u>60</u> ft. <u>1-21-78</u>	
5. Type and color of material			From		To	
			<u>Clay</u>		<u>0</u>	<u>10</u>
			<u>Sandy clay</u>		<u>10</u>	<u>20</u>
			<u>Sand</u>		<u>20</u>	<u>35</u>
			<u>Gravel</u>		<u>35</u>	<u>60</u>
			10. Screen: Manufacturer's name _____ Type <u>self made</u> Type <u>PVC</u> Dia. <u>5</u> Slot gauze <u>5</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>1/8 - 1/4</u>		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	
			11. Static water level: _____ mo./day/yr. <u>16</u> ft. below land surface Date <u>1-21-78</u>		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	
			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.		9. Casing: Material <u>Plastic</u> Weight: <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>287.9</u> lbs./ft. Dia. <u>5</u> in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		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	
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			15. Well grouted? <u>yes</u> 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.		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</u> Signed <u>Myers</u> Date <u>1-21-78</u> Authorized representative	
18. Elevation:			19. Remarks:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 27  
R 16 W  
S 33  
C S 1/4 NE NE  
1/4 1/4 1/4

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

Form WWC-5