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

BRITTON #1.

1. Location of well:	County: EDWARDS	Fraction: SW/4 (1/4 1/4 1/4)	Section number: 15	Township number: T 24 S	Range number: R 17 E/W

2. Distance and direction from nearest town or city: 2 MILE NORTH
Street address of well location if in city: 4½ MILE WEST DELPHRE

3. Owner of well: STERLING DRILLING CO
R.R. or street:
City, state, zip code: STERLING KANSAS

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

N — NW — NE — W — E — SW — SE — S — 1 Mile — 1 Mile

5. Type and color of material	From	To
CLAY	0	10
SANDY LOAM	10	30
CLAY	30	40
GRAVEL	40	60

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 2-26-77
Well depth 60 ft.

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

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

9. Casing: Material PLASTIC Height: Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 227-2 lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

10. Screen: Manufacturer's name SELF MADE
Type PVC Dia. 5
Slot/gauze 18 Length 20
Set between 40 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? YES Size range of material ⅛ - ¼

11. Static water level: mo./day/yr.
18 ft. below land surface Date 2-26-77

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 X No Date

14. Well head completion:
__ Pitless adapter 12 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: None
ft. ___ Direction ___ Type
Well disinfected upon completion? ___ Yes ___ No

17. Pump: X 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
X 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.
MYERS WATER WELL 143
Business name License No.
Address GREAT BEND KAS
Signed [signature] Date 2/24/77
Authorized representative

T 24 R 17 W Sec 15 1/4 SW 1/4 NE 1/4 SW

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

Form WWC-5

MI-1023