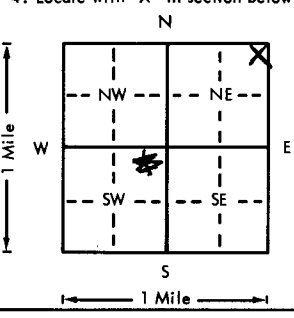


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well: County <u>Edwards</u>		Fracture <u>NE NE</u>		Section number <u>15</u>		Township number <u>T 24</u>		Range number <u>S R 17</u>		E/W	
2. Distance and direction from nearest town or city: <u>1 1/2 miles N West Belvue</u>				3. Owner of well <u>Stirling Dunning Co.</u> R.R. or street: City, state, zip code: <u>Stirling Kansas</u>							
4. Locate with "X" in section below: 				Sketch map:				6. Bore hole/dia. <u>9</u> in. Completion date <u>10-14-76</u> Well depth <u>70</u> ft.			
								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 <u>Steel</u> Height: 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>28.7</u> lbs./ft. Dia. <u>5</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>70</u> ft. depth gage No. <u>200</u>			
5. Type and color of material				From		To		10. Screen: Manufacturer's name <u>Slip Valve</u> Type <u>500B</u> Dia. <u>5</u> Slot/gauge <u>1/8</u> Length <u>30</u> Set between <u>0 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>3-14</u>			
								11. Static water level: <u>19</u> ft. below land surface Date <u>10-14-76</u> mo./day/yr.			
								12. Pumping level below land surfaces: <u>34</u> ft. after <u>1/2</u> hrs. pumping <u>10</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>50</u> g.p.m.			
								13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>			
								14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade			
								15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>30</u> ft.			
								16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
								17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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: <u>Drilling co. will cement off well when they are through</u>				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>James Waterwell</u> Business Name <u> </u> License No. <u>173</u> Address <u> </u> Signed <u> </u> Date <u>10-14-76</u> Authorized representative					

T 24 R 17 S NE NE NE

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

Form WWC-5