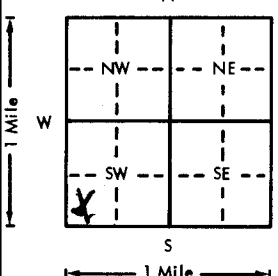


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

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

*Hawley C #1*

|   |                    |
|---|--------------------|
| 1. Location of well: County <u>Edwards</u> Fraction <u>S W 1/4 S W 1/4 S W 1/4</u> Section number <u>35</u> Township number <u>T 24 S</u> Range number <u>R 17 E/W</u>  |                    |
| 2. Distance and direction from nearest town or city: <u>2 south</u> Street address of well location if in city: <u>West Belpre</u> 3. Owner of well: <u>Stirling Drilling Co</u> R.R. or street: <u>Stirling Kansas</u> City, state, zip code: <u>Stirling Kansas</u>   |                    |
| 4. Locate with "X" in section below: Sketch map:    |                    |
| 5. Type and color of material   |                    |
| 6. Bore hole dia. <u>3 1/2</u> in. Completion date <u>9-15-15</u> Well depth <u>70</u> ft.  |                    |
| 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>PVC</u> Height: <u>Above</u> 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>270</u> lbs./ft. Dia. <u>5</u> in. to <u>70</u> ft. depth Wall thickness <u>3/16</u> in. or Dia. <u>5</u> in. to <u>70</u> ft. depth gage No. <u>200</u> |                    |
| 10. Screen: Manufacturer's name <u>Beardless Plastic</u> Type <u>PVC</u> Dia. <u>5</u> in. Block gauze <u>5</u> Length <u>20</u> ft. Set between <u>55</u> ft. and <u>70</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/4</u>  |                    |
| 11. Static water level: <u>14</u> ft. below land surface Date <u>9-15-15</u> mo./day/yr.  |                    |
| 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.   |                    |
| 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____  |                    |
| 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade   |                    |
| 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.   |                    |
| 16. Nearest source of possible contamination: <u>four</u> ft. _____ Direction _____ Type _____ 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 checked="" 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> <u>143</u> Business name License No. Address <u>West Bend Mo</u> Signed <u>Alfred A Myers</u> Date <u>9-15-15</u> Authorized representative  |                    |

T 24 S  
 R 17 E  
 Sec 35  
 S W 1/4 S W 1/4 S W 1/4

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

Form WWC-5