

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<br><b>Edward</b>   | Fraction<br><b>SE 1/4 SE 1/4 SW 1/4</b> | Section number<br><b>14</b>  | Township number<br><b>T 24 S</b>  | Range number<br><b>R 18 E/W</b> |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
|--|--------------|---|---|--|---|---------------------------------|----|-------------------|----------|-----------|-------------------|-----------|-----------|-------------|-----------|-----------|---------------|-----------|-----------|--|--|
| 2. Distance and direction from nearest town or city:<br><b>3/4 west north side</b>   |              | Lewis 1 north   |   | Owner of well: <b>Stearling Delg</b>   |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| Street address of well location in city:   |              | R.R. or street: <b>Box 129</b>  |   | City, state, zip code: <b>Stearling, Ks. 67579</b>   |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| 4. Locate with "X" in section below:   |              | Sketch map:   |   |  | 6. Bore hole dia. <b>9</b> in. Completion date <b>3-16-79</b><br>Well depth <b>60</b> ft. |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
|  |              | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>5. Type and color of material</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><b>Sandy Clay</b></td> <td><b>0</b></td> <td><b>10</b></td> </tr> <tr> <td><b>Finer Sand</b></td> <td><b>10</b></td> <td><b>30</b></td> </tr> <tr> <td><b>Clay</b></td> <td><b>30</b></td> <td><b>40</b></td> </tr> <tr> <td><b>Gravel</b></td> <td><b>40</b></td> <td><b>60</b></td> </tr> </tbody> </table> |   |  | 5. Type and color of material   | From                            | To | <b>Sandy Clay</b> | <b>0</b> | <b>10</b> | <b>Finer Sand</b> | <b>10</b> | <b>30</b> | <b>Clay</b> | <b>30</b> | <b>40</b> | <b>Gravel</b> | <b>40</b> | <b>60</b> | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary |  |
|  |              |   |   |  | 5. Type and color of material   | From                            | To |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| <b>Sandy Clay</b>  | <b>0</b>     | <b>10</b>   |   |  |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| <b>Finer Sand</b>  | <b>10</b>    | <b>30</b>   |   |  |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| <b>Clay</b>  | <b>30</b>    | <b>40</b>   |   |  |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| <b>Gravel</b>  | <b>40</b>    | <b>60</b>   |   |  |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other |              | 9. Casing: Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/><br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Dia. <b>5</b> in. to <b>60</b> ft. depth  |   | Height: Above or below Surface <b>12</b> in.<br>Weight <b>278.3</b> lbs./ft.<br>Wall Thickness: inches or gage No. <b>200 265</b>  |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| 10. Screen: Manufacturer's name <b>Coopless</b><br>Type <b>Saw</b> Dia. <b>5</b><br>Slot/gauze <b>1/8</b> Length <b>20</b><br>Set between <b>60</b> ft. and <b>40</b> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8</b>   |              | 11. Static water level: <b>23</b> ft. below land surface Date <b>3-16-79</b><br>mo./day/yr.   |   | 12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.  |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| 13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No Date ____ mo./day/yr.  |              | 14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade   |   | 15. Well grouted? <b>yes</b><br>With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.  |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| 16. Nearest source of possible contamination: ft. ____ Direction ____ Type <b>None</b><br>Well disinfected upon completion? ____ Yes <input checked="" type="checkbox"/> No  |              | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other  |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Murre Water Well 143</b><br>Business name License No. <b>67530</b><br>Address <b>Great Bend Ks 67530</b><br>Signed <b>Floyd Rosenbalt</b> Date <b>3-16-79</b><br>Authorized representative |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| 18. Elevation:   | 19. Remarks: |   | (Use a second sheet if needed)          |  |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |
| Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley  |              |   |   |  |   |                                 |    |                   |          |           |                   |           |           |             |           |           |               |           |           |  |  |

T 24 S 18 E W 14 SESESW

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

Form WWC-5