

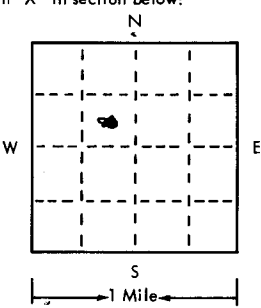
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Waterman #1

1 Location of well: County: <i>Edwards</i>		Township name		Fraction: <i>CSE NW</i>		Section number: <i>33</i>		Town number: <i>24 S</i>		Range number: <i>18 W</i>			
Distance and direction from nearest town or city: <i>3 West 1/2 south of Lewis</i>						3 Owner of well: <i>Steering Drilling Co</i> Address: <i>Steering Ks</i>							
Locate with "X" in section below: 						Sketch map:						4 Well depth: <i>20</i> ft. Date of completion: <i>6-30-75</i> Well diameter: <i>8</i> in.	
2 Type and color of material						From		To		5 <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			
										6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>oil field surf.</i>			
						<i>Clay</i>		<i>0</i>		<i>20</i>		7 Casing: Material: <i>RAP</i> Height: <i>0</i> above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. <i>5</i> in. Weight <i>142</i> lbs./ft. <i>100</i> <i>5</i> in. to <i>20</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>—</i> in. to <i>—</i> ft. depth	
						<i>Sand</i>		<i>20</i>		<i>45</i>		8 Screen: Manufacturer: <i>Geart Lowell</i> Type: <i>RMP</i> Dia. <i>5</i> Sieve gauge: <i>40</i> Length: <i>10</i> Set between <i>5</i> and <i>20</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: <i>4-8</i>	
						<i>Gravel</i>		<i>45</i>		<i>20</i>		9 Static water level: <i>30</i> ft. below land surface Date: <i>6-30-75</i>	
												10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <i>100</i> g.p.m.	
												11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: ____	
												12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
												13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>0</i> ft. to <i>10</i> ft.	
												14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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							
16 Remarks: elevation						17 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. <i>Myers Water Well 1493</i> Business name: _____ License No. _____ Address: <i>Great Bend Ks</i> Signed: <i>Myers</i> Date: <i>6-30-75</i> Authorized representative							

24 18W 33 CSE NW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5