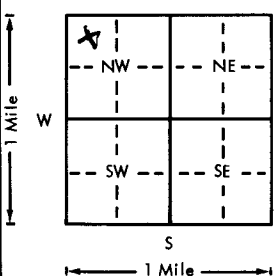


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Herman H #1

1. Location of well: County <i>Edwards</i>		Fraction <i>C NW NW</i> <small>1/4 1/4 1/4</small>		Section number <i>6</i>	Township number <i>T 24 S</i>	Range number <i>R 19 W</i>	E/W
2. Distance and direction from nearest town or city: <i>5 north</i> Street address of well location if in city: <i>2nd West Kinsley</i>				3. Owner of well: <i>Sterling Drilling</i> R.R. or street: <i>Sterling</i> City, state, zip code: <i>Kansas</i>			
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		6. Bore hole dia. <i>8</i> in. Completion date <i>5-19-77</i> Well depth <i>145</i> ft.	
5. Type and color of material				From		To	
				Clay <i>0 85</i>		Sand rock <i>85 88</i>	
				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 <i>Aluminum</i> Height <i>0</i> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input checked="" type="checkbox"/> in. RMP <i>20</i> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>			
				10. Screen: Manufacturer's name <i>Casey</i> Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>			
				11. Static water level: <i>50</i> ft. below land surface Date <i>5-19-77</i> mo./day/yr.			
				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.			
				13. Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.			
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
				15. Well grouted? <i>yes</i> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.			
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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 type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <i>no casing not enough water</i>		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. <i>Mary Ann Waters Well</i> Business name <input type="checkbox"/> license No. <input type="checkbox"/> Address <i>24 Bend Rd 143</i> Signed <i>Mary Ann Waters</i> Date <i>5-19-77</i> Authorized representative			

T 24 S
 R 19 W
 Sec 6
 NW NW
 1/4 1/4 1/4

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

Form WWC-5