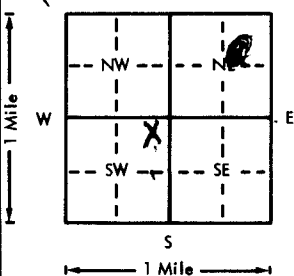


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

*English #1a*

1. Location of well: County <u>Edwards</u> Fraction <u>NE 1/4 NE 1/4 SW 1/4</u> Section number <u>8</u> Township number <u>T 25 S</u> Range number <u>R 16 W E/W</u>	
2. Distance and direction from nearest town or city: <u>3 1/2 south of Belfrie</u>	
3. Owner of well: <u>Sterling Drilling Co</u> R.R. or street: <u>Sterling Kansas</u> City, state, zip code: <u>Sterling Kansas</u>	
4. Locate with "X" in section below: <span style="float:right">Sketch map:</span> 	
5. Type and color of material	
	From To
<u>Clay</u>	<u>0</u> <u>10</u>
<u>sandy clay</u>	<u>10</u> <u>30</u>
<u>sand</u>	<u>30</u> <u>55</u>
<u>Gravel</u>	<u>55</u> <u>75</u>
6. Bore hole dia. <u>5</u> in. Completion date <u>12-24-75</u> Well depth <u>75</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>Plastic</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>224</u> lbs./ft. Dia. <u>5</u> in. to <u>25</u> ft. depth; Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth; gage No. <u>200</u>	
10. Screen: Manufacturer's name <u>Beutels Plastic</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>5/8</u> Length <u>20</u> Set between <u>55</u> ft. and <u>75</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <u>yes</u> Size range of material <u>5-4</u>	
11. Static water level: <u>15</u> ft. below land surface Date <u>12-24-75</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>10</u> <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>   </u> g.p.m.	
13. Water sample submitted: <u>   </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>   </u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>   </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>None</u> 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:
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>Myer Water Well 143</u> Business name <u>Great Bend Ks</u> license No. <u>   </u> Address <u>   </u> Signed <u>Debra Myer</u> Date <u>12-24-75</u> Authorized Representative	

T 25 S  
 R 16 W  
 E  
 Sec 8  
 NE 1/4  
 NE 1/4  
 NE 1/4  
 NE 1/4

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

Form WWC-5