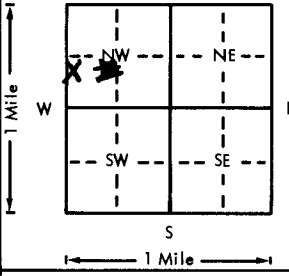


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

*Cudney #1*

1. Location of well: <i>Edwards</i> County		Fraction: <i>NW 1/4 SW 1/4 NW 1/4</i>		Section number: <i>2</i>	Township number: <i>T 26 S</i>	Range number: <i>R 16 W</i>	E/W
2. Distance and direction from nearest town or city: <i>3 north &amp; east Trusdale</i>				3. Owner of well: <i>Sterling Drilling</i>			
Street address of well location if in city:				R.R. or street: <i>Sterling</i>			
City, state, zip code: <i>Kansas</i>							
4. Locate with "X" in section below: 		Sketch map:		6. Bore hole dia. <i>8</i> in. Completion date: <i>4-25-77</i>		Well depth: <i>25</i> 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: <i>Plastic</i> Height: <i>Above</i> or below		Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface: <i>12</i> in.	
				RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight: <i>287.3</i> lbs./ft.		Dia. <i>5</i> in. to <i>25</i> ft. depth; Wall Thickness: inches or	
				Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; Gage No. <i>200</i>			
5. Type and color of material		From	To	10. Screen: Manufacturer's name: <i>Self made</i>			
	<i>Clay</i>	<i>0</i>	<i>5</i>	Type: <i>PVC</i> Dia. <i>5</i>			
	<i>Sandy Clay</i>	<i>5</i>	<i>30</i>	Gauge: <i>5/8</i> Length: <i>20</i>			
	<i>Sand</i>	<i>30</i>	<i>55</i>	Set between <i>55</i> ft. and <i>75</i> ft.			
	<i>Gravel</i>	<i>55</i>	<i>75</i>	Gravel packages Size range of material: <i>5-4</i>			
				11. Static water level: <i>18</i> ft. below land surface Date: <i>4-25-77</i>			
				12. Pumping level below land surfaces:			
				____ ft. after ____ hrs. pumping ____ g.p.m.			
				____ 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 ____ inches above grade			
				15. Well grouted? <i>yes</i>			
				With: <input type="checkbox"/> Neat cement <input checked="" 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. ____ Direction ____ Type ____			
				Well disinfected upon completion? ____ Yes ____ 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:		19. Remarks:		20. Water well contractor's certification:			
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
				<i>Myers Water Well</i>			
				Business name: <i>St Bend Co</i> License No. <i>143</i>			
				Address: <i>St Bend Co</i>			
				Signed: <i>G Myers</i> Date: <i>4-25-77</i>			
				Authorized representative			

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

Form WWC-5