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	Fraction	Section number	Township number	Range number
	Edwards	NE 1/4 SE 1/4 SE 1/4	4	T 26 (S)	R 16 E/(W)

2. Distance and direction from nearest town or city: Trousdale 1 1/2 East 1/4 South
Street address of well location if in city:

3. Owner of well: Sterling Drlg
R.R. or street: Box 129
City, state, zip code: Sterling, Ks. 67579

4. Locate with "X" in section below: (N / NW / NE / W / E / SW / SE X / S — 1 Mile)

Sketch map:

6. Bore hole dia. 9 in. Well depth 70 ft. Completion date 2-22-79

7. __ Cable tool X Rotary __ Driven __ Dug __ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry __ Irrigation __ Air conditioning __ Stock __ Lawn X Oil field water __ Other

9. Casing: Material ____ Threaded ____ Welded X RMP ____ PVC X Dia. 5 in. to 70 ft. depth Dia. ___ in. to ___ ft. depth
Height: Above or below Surface 12 in. Weight 278.3 lbs./ft. Wall Thickness: inches or gage No. 265

5. Type and color of material	From	To
Fine Sand	0	10
Clay	10	20
Sandy Clay	20	45
Gravel	45	70

(Use a second sheet if needed)

10. Screen: Manufacturer's name Peerless
Type Saw Dia. 5
Slot/gauze .16 Length 20
Set between 70 ft. and 50 ft.
____ ft. and ____ ft.
Gravel pack? yes Size range of material 14-18

11. Static water level: 36 ft. below land surface Date 2-22-79 mo./day/yr.

12. Pumping level below land surfaces: No
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

13. Water sample submitted: __ Yes X No Date ____ mo./day/yr.

14. Well head completion: __ Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: ft. ____ Direction ____ Type None
Well disinfected upon completion? __ Yes X No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type: __ Submersible __ Turbine __ Jet __ Reciprocating __ Centrifugal __ Other

18. Elevation:

Topography: __ Hill X Slope __ Upland __ 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.
Business name Myers Water Well License No. 143
Address Great Bend Ks. 67530
Signed Floyd Rosendahl Authorized representative Date 2-22-79

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

Form WWC-5

26 T 16 R (W) Sec 4 NE 1/4 SE 1/4 SE 1/4

MI-1023