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

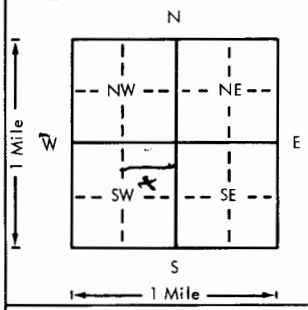
Thorow #1A

1. Location of well:	County: Stafford	Fraction: C S½ NE SW (1/4 1/4 1/4)	Section number: 15	Township number: T 24 S	Range number: R 15 W E/W

2. Distance and direction from nearest town or city: ½ mile east
Street address of well location if in city: Macksville

3. Owner of well: D.N.B. Drilling Co
R.R. or street:
City, state, zip code: Wichita Kansas.

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Clay	0	12
Sandy clay	12	40
Sand	40	55
Gravel	55	75

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date
Well depth 75 ft. Oct 27-77

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 Plastic Height: Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 287.3 lbs./ft.
Dia. 5 in. to 25 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

10. Screen: Manufacturer's name Self made
Type PVC Dia. 5
Slot/gauze 8 Length 20
Set between 55 ft. and 75 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/8 - 1/4

11. Static water level: mo./day/yr.
14 ft. below land surface Date 10-27-77

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 X No Date

14. Well head completion:
___ Pitless adapter ___ 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
Well disinfected upon completion? ___ Yes ___ 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 Hi Bend Ks
Signed A Myers Date 10-27-77
Authorized representative

24 T 15 R (W) E 15 Sec CS½ NESW 1/4 1/4 1/4

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

Form WWC-5

MI-1023