

Brock ^{21/}

County: <u>Stafford</u>		Fraction: <u>NE 1/4 NE 1/4 NE 1/4</u>		Section number: <u>30</u>		Township number: <u>T 25 S</u>		Range number: <u>R 11 W E/W</u>	
1. Location of well: <u>Stafford</u>				2. Distance and direction from nearest town or city: <u>7 miles South</u>					
3. Street address of well location if in city: <u>Stafford 1 1/2 East</u>				3. Owner of well: <u>Sterling Drilling Co</u> R.R. or street: <u>Sterling Kansas</u> City, state, zip code:					
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>1-18-77</u> Well depth <u>60</u> ft.			
						7. ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary			
5. Type and color of material				From		To		8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☒ Oil field water ☐ Other	
Clay				0		10		9. Casing: Material <u>Plastic</u> Height: (Above or below) Threaded ☐ Welded ☒ Surface <u>12</u> in. RMP ☐ PVC ☒ Weight <u>287.3</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>60</u> ft. depth Gauge No. <u>200</u>	
Sandy Clay				10		20		10. Screens: Manufacturer's name <u>Self-made</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>3/8</u> Length <u>20</u> Set between <u>40</u> ft. and <u>60</u> ft. ft. and <u>60</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4 - 1/2</u>	
Sand				20		40		11. Static water level: <u>31</u> ft. below land surface Date <u>1-18-77</u> mo./day/yr.	
Gravel				40		60		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 ☒ No Date ____	
								14. Well head completion: ☐ Pitless adapter ____ inches above grade	
								15. Well grouted? <u>yes</u> With: ☒ Neat cement ☐ Bentonite ____ Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
								16. Nearest source of possible contamination: <u>None</u> ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ No	
								17. Pump: ☒ 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	
(Use a second sheet if needed)									
18. Elevation:		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>Myers Waterwell</u> Business name <u>St. Bernard Ks</u> License No. <u>143</u> Address <u>St. Bernard Ks</u> Signed <u>D. Myers</u> Date <u>1-18-77</u> Authorized representative			
Topography: ☐ Hill ☒ Slope ☐ Upland ☐ Valley									