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

WATER WELL RECORD
KSA 82a-1201-1215

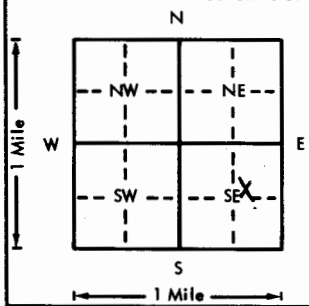
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	SW 1/4 NE 1/4 SE 1/4	7	T 25 S	R 12 E/W

2. Distance and direction from nearest town or city: 3 Miles South 3 West Stafford Kans
Street address of well location if in city:

3. Owner of well: Duke Drilling Co.
R.R. or street:
City, state, zip code: Great Bend Kans.

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 5 in. Completion date
Well depth 60 ft. 9-12-76

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 PVC Height: Above or below
Threaded ___ Welded Glue Surface 12 in.
RMP ___ PVC ___ Weight 7.16 lbs./ft.
Dia. 2 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1154

5. Type and color of material	From	To
Clay & sand	0	40
Sand	40	50
Gravel	50	60
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Lyle Make
Type Slot Dia. 5
Slot/~~gauze~~ 1/8 Length 10
Set between 50 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/8 - 1/4

11. Static water level: mo./day/yr.
15 ft. below land surface Date 9-12-76

12. Pumping level below land surfaces:
21 ft. after 1 hrs. pumping 70 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 100 g.p.m.

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

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

15. Well grouted? X
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
___ 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.
Myers Water Well Service
Business name License No.
Address Ft. Bend Ko. 143
Signed [signature] Date 9-31
Authorized representative

T 25 R 12 E/W Sec 7 SW NE SE 1/4 1/4 1/4

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

Form WWC-5