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

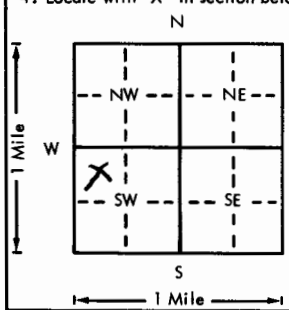
English

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	C NW SW (1/4 1/4 1/4)	28	25 S (T S)	14 W (R E/W)

2. Distance and direction from nearest town or city: 8½ south
Street address of well location if in city: Dillwyn

3. Owner of well: Sterling Drilling Co
R.R. or street:
City, state, zip code: Sterling Kansas

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 5 in. Completion date _____
Well depth 25 ft. 6-30-77

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 ____ lbs./ft.
Dia. 2 in. to 25 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. Sedrol 40

5. Type and color of material	From	To
Clay	0	5
Sandy Clay	5	30
Sand	30	55
Gravel	55	75
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Self made
Type PVC Dia. 2
Slot gauze 1/8 Length 10
Set between 65 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.
17 ft. below land surface Date 6-30-77

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 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 ____ 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

T 25 R 14 E W Sec 29 1/4 1/4 1/4 C NW SW

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.
Myers Water Well 143
Business name License No.
Address St Bend Ks
Signed A Myers 6-30-77 Date
Authorized representative

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

Form WWC-5