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

WATER WELL RECORD
KSA 82a-1201-1215

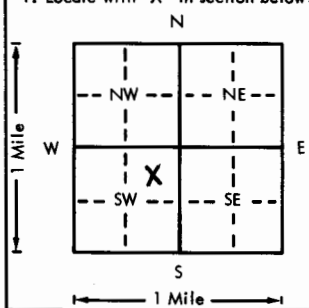
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	C 1/4 NE 1/4 SW 1/4	26	T 25 S	R 15 E (W)

2. Distance and direction from nearest town or city: 8 S. 1 1/4 E 1/4 N from Macksville
Street address of well location if in city:

3. Owner of well: D. R. Lauck Drilling Co.
R.R. or street: 1201 Washington
City, state, zip code: Great Bend, Ks. 67530

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 9 60 in. Completion date 3-23-77
Well depth ____ ft.

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 ____ Surface 18 in.
RMP ____ PVC ____ Weight 160 lbs./ft.
Dia. 24 in. to 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 1/4

5. Type and color of material	From	To
Top Soil	0	3
Black Brown Clay	3	13
Sand Gravel Med.	13	66
Hard Yellow Clay	66	68

(Use a second sheet if needed)

10. Screen: Manufacturer's name R/B Peerless
Type ~~ppc~~ pvc Dia. 4
Slot/gauze 1/16 Length 20
Set between 40 ft. and 60 ft.
____ ft. and ____ ft.
Gravel pack? x Size range of material 1/2 3/4 3/8

11. Static water level: mo./day/yr.
7 ft. below land surface Date 3-23-77

12. Pumping level below land surfaces:
13 ft. after 2 hrs. pumping 80 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? no
With: __ Neat cement __ Bentonite __ Concrete
Depth: From ____ ft. to ____ ft.

16. Nearest source of possible contamination:
ft. 550 Direction W Type oil well
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
x 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.
Rosencrantz-Bamis 134
Business name License No.
Address Great Bend, Ks.
Signed Sandy Kilgore Date 5/9
Authorized representative

25 T 15 R W E 26 Sec C 1/4 NE 1/4 SW 1/4

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

Form WWC-5