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

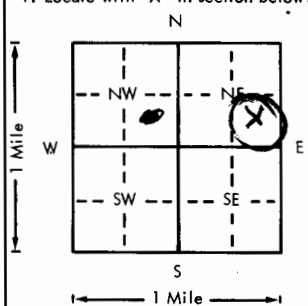
Maddle #2

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

*2. Distance and direction from nearest town or city: 7½ South ~~2 East~~ 2 east 3/4 North
Street address of well location if in city: Maxville

3. Owner of well: D. R. Lauck
R.R. or street: Wichita Kansas
City, state, zip code: 301 S. Broadway

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



6. Bore hole dia. 9 in. Completion date
Well depth 60 ft. 11-6-78

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 2873 lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material	From	To
Clay	0	10
Sandy Clay	10	15
Sand	15	40
Gravel	40	60

10. Screen: Manufacturer's name Self made
Type PVC Dia. 5
Slot/gauze 3 Length 20
Set between 40 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1-4

11. Static water level: mo./day/yr.
6 ft. below land surface Date 11-6-78

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 6 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type None
Well disinfected upon completion? ___ Yes X 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

(Use a second sheet if needed)

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
Business name License No.
Address Great Bend Ks 1143
Signed C Myers 11-6-78
Authorized representative

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

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

Form WWC-5