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

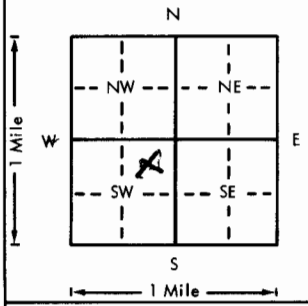
Stafford #1

1. Location of well:	County: Pratt	Fraction: C NE SW (1/4 1/4 1/4)	Section number: 24	Township number: T 26 S	Range number: R 15 W E/W

2. Distance and direction from nearest town or city: 3 west
Street address of well location if in city: Byers.

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. 8 in. Completion date
Well depth 75 ft. 4-1-77

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 287.3 lbs./ft.
Dia. 5 in. to 75 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	25
Sand	25	55
Gravel	55	75

(Use a second sheet if needed)

10. Screen Manufacturer's name Self made
Type PVC Dia. 5
(Slot) gauze 8 Length 20
Set between 55 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.
20 ft. below land surface Date 4-1-77

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 ___ Inches above grade

15. Well grouted? yes
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 20 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
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 Ft Bend Ks 143
Signed A Myers 4-1-77 Date
Authorized representative

T 26 R 15 E/W Sec 24 1/4 C NE SW 1/4 1/4

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

Form WWC-5

M1-1023