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

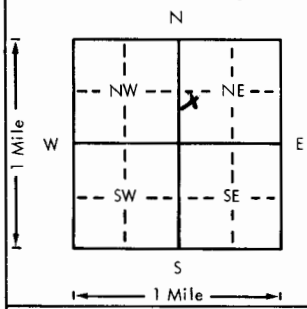
Stucky #1

1. Location of well:	County: Kingman	Fraction: NW 1/4 SW 1/4 NE 1/4	Section number: 1	Township number: T 27 S	Range number: R 8 W E/W

2. Distance and direction from nearest town or city: 3 north 2 east
Street address of well location if in city: Brown Spur

3. Owner of well: Emphases Drilling Co
R.R. or street:
City, state, zip code: Russell Ks

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



6. Bore hole dia. 9 in. Completion date 11-19-28
Well depth 26 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 _____ Height: Above or below
Threaded ____ Welded ____ Surface _____ in.
RMP ____ PVC ____ Weight _____ lbs./ft.
Dia. ____ in. to ____ ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. _____

10. Screen: Manufacturer's name _____
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between _____ ft. and _____ ft.
_____ ft. and _____ ft.
Gravel pack? ____ Size range of material _____

11. Static water level: mo./day/yr.
_____ ft. below land surface Date _____

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 ____ No Date _____

14. Well head completion:
____ Pitless adapter _____ Inches above grade

15. Well grouted? _____
With: ____ Neat cement ____ Bentonite ____ Concrete
Depth: From _____ ft. to _____ 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

5. Type and color of material	From	To
Clay.	0	10
Red bed	10	

(Use a second sheet if needed)

18. Elevation:
Topography:
____ Hill
____ Slope
____ Upland
____ Valley

19. Remarks: not enough watu

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 1413
Signed A Myers Date 11-19-78
Authorized representative

27 T — 8 W R — 1 Sec — NW 1/4 SW 1/4 NE 1/4

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

Form WWC-5