

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Grant	Township name	Fraction NW¹/₄, NE¹/₄, NW¹/₄	Section number 2	Town number T 28 S	Range number R 36 W
Distance and direction from nearest town or city: 6 mi. North, 1/4 mi. East & 450 ft. South of Hickok			3 Owner of well: Hollis Bullock Address: Route 1 Ulysses, Kansas 67880			
Locate with "X" in section below:		Sketch map:		4 Well depth: 510 ft. Date of completion _____ Well diameter 26 in.		
				5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
2		Type and color of material		From		To
		Surface & Brown Clay		0		75
		Coarse Sand		75		135
		Brown Clay mixed with Sand		135		180
		Blue Clay		180		210
		Brown Clay		210		240
		Sand		240		285
		Brown Clay		285		295
		Medium to Coarse Sand		295		360
		Brown & Blue Clay		360		400
		Coarse Sand		400		435
		Brown Clay		435		475
		Sand		475		490
		Brown Clay with little sand strips (took water)		490		510
		Brown Clay		510		535
		Blue Shale		535		540
(use a second sheet if needed)						
16 Remarks: elevation		Drilling Sub-contracted to: Minter-Wilson Drilling Co. License #208 Garden City, Kansas 67846			17 Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		* Lakewood - slot - 125 X 66 Set between 300' & 340', 360' & 400', 430' & 470', 490' & 510'			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. K. I. Drilling Co., Inc. 263 Business name License No. Address Box 669, Ulysses, Kan. Signed M. Joyce Bivale Date 5-22-76 Authorized representative	

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

28 360 2 NW 1/4