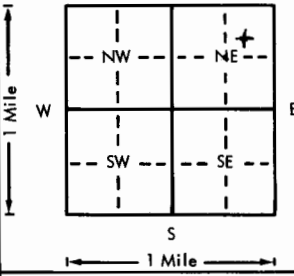


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Grant	Fraction SW 1/4 NE 1/4 NE 1/4	Section number 17	Township number T 30 S	Range number R 35 E
2. Distance and direction from nearest town or city: 9 3/4 South of Ulysses Street address of well location if in city:				3. Owner of well: Willis Christian R.R. or street: RR 2 City, state, zip code: Ulysses, KS 67880		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 26 in. Completion date 5/5/77 Well depth 360 ft.		
				7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Overburden			0	9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 42.5 lbs./ft. Dia. 16 in. to 360 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 250		
Top Soil			2	10. Screen: Manufacturer's name L.B. Foster Type Steel Dia. 16 Slot/gauze 1/8 Length 3 Set between 132-174 ft. and 194-190 ft. 215-245 ft. and 275-325 ft. Gravel pack? Yes Size range of material 1/8-1/4		
Med. Sd. & Clay			130	11. Static water level: 94 ft. below land surface Date 5/5/77 mo./day/yr.		
Med. & Coarse Sd. w/Clay			175	12. Pumping level below land surfaces: 114 ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
Med. Sd. w/Clay			210	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
Sd.			265	14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <input type="checkbox"/> Inches above grade		
Med. Sd. w/Clay			275	15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bestonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
Coarse Sd.			325	16. Nearest source of possible contamination: Field ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Clay w/Fine Sd. Strks.			345	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:		(Use a second sheet if needed)		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. KTM DRILLING, INC. 225 Business name Box 2385, Gayman, Okla. License No. 225 Address Box 2385, Gayman, Okla. Signed Rodger Stah Date 5/31/77 Authorized representative		
19. Remarks: 16" Steel 11000 Slot 174-184, 190-219, 245-275, 325-345 16" Coapt Land						

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

Form WWC-5