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: Sullivan	Fraction: Center SE 1/4	Section number: 26	Town number: T 30 S	Range number: R 35 W

Distance and direction from nearest town or city: 6 West 1 South SATANNA
Street address of well location if in city:

3 Owner of well: TERRY CHRISTIAN
Address: RR 2 Ulysses, Kan.

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

N
W E
S
1 Mile

4 Well depth: 438 ft. Date of completion 3/5/75
Well diameter 24 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☒ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material Steel Height: above ~~below~~ 12
Threaded ☐ Welded ☒ Surface _____ in.
Diam. 16 Weight 125 lbs./ft.
16 in. to 438 ft. depth Drive shoe? ☐ Yes ☐ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top Soil	0	2
Gravel	2	120
Gravel	120	190
Gravel & Coarse Sd.	190	260
Med. Coarse Sd. & Clay Strks.	260	340
Clay	340	365
Med. Sd. & Clay	365	450
Fine Sd. & Brn. Clay	450	470
(use a second sheet if needed)		

8 Screen:
Manufacturer L. B. Foster
Type Steel Dia. 16"
Slot/gauze 18" Length 3" (255) Perf
Set between 163 ft. and 418 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8 to 1/4

9 Static water level:
147 ft. below land surface Date 3/5-75

10 Pumping level below land surfaces: NA
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion:
☐ Pitless adapter NA ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? ☐ Yes ☒ No

15 Pump: ☒ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type: Pump Set By Third Party
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation
8a Johnson Fab.
Steel 16"
11000 SIGT
418-438
14. Pasture Land

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

17 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 License No.
Address Box 1385, Guymon, Okla.
Signed [signature] Date 3/17/75
Authorized representative

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

Form WWC-5

677-H