

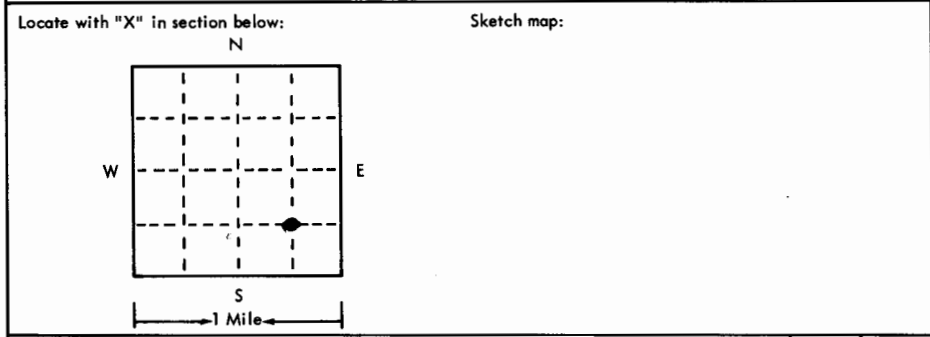
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:	County GRANT	Township name Sullivan	Fraction <i>center</i> SE 1/4	Section number 28	Town number T305	Range number R35W
Distance and direction from nearest town or city: 7 W, 1 1/2 S of Satona			3 Owner of well: Willis Christian			
Street address of well location if in city:			Address: RR 2 Ulysses, Kansas			



4 Well depth: **375** ft. Date of completion **2/21/75**
Well diameter **26** 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
Threaded Welded Surface **12** in.
Diam. **16** in. to **375** ft. depth Drive shoe: Yes No
Weight **2.5** lbs./ft.

2 Type and color of material	From	To
Top Soil	0	2
Overburden	2	120
Gravel & Clay	120	180
Med. Sd. & Clay	180	260
Med. Coarse & Fine Sd.	260	320
Med. Sd. & Clay Strks.	320	375
Clay	375	440
(use a second sheet if needed)		

8 Screen: **Johnson Ipa**
Manufacturer **L. B Foster**
Type **Steel** Dia. **16"**
Slot/gauze **1/8"** Length **3" (209)**
Set between **160** ft. and **365** ft. **365-375**
Fittings: **Screen & slot 0.1000 1/8" to 1/4"**
Gravel pack Yes No Size range of material

9 Static water level:
136 ft. below land surface Date **2-26-75**

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 **2** ft. to **10** ft.

14 Nearest source of possible contamination: **Pastureland**
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.m.p.
Type: **Pump Set By Third Party**
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

8a Johnson Ipa
Steel 16"
11000 540T
365-375'

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 **Robert Barber** Date **3/11/75**
Authorized representative

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

Form WWC-5