

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 Centered SE 1/4 SE 1/4	Section number 34	Town number T 30 S	Range number R 35 W				
Distance and direction from nearest town or city: 6 W 3.5 of SATANNA				3 Owner of well: Willis Christian						
Street address of well location if in city:				Address: R.R. 2 Ulysses, Kansas						
Locate with "X" in section below:		Sketch map:		4 Well depth: 364 ft. Date of completion 2/26/75 Well diameter: 36 in.						
				5 <input 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						
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>						
2		Type and color of material		From		To		7 Casing: Material Steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 16 in. to 364 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16 in. to 364 ft. depth!		
								8 Screen: Manufacturer L.B. Foster Type Steel Dia. 1 1/2" Slot/gauze 1/8" Length 3" (16) Pcs. Set between 139 ft. and 300 ft. Fittings: 380 364 1/8 to 1/4 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material —		
Top Soil				0		2		9 Static water level: 133 ft. below land surface Date 2-27-75		
Overburden				2		120		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.		
Gravel & Clay Strks.				120		180		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
Coarse Sd. & Gravel				180		240		12 Well head completion: <input type="checkbox"/> Pitless adapter NA <input type="checkbox"/> Inches above grade		
Coarse Sd. & Clay Strks.				240		265		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 10 ft.		
Med. Sd. & Clay				265		300		14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Coarse Sd.				300		320		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. Type: Pump Set By Third Party <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Med. Sd. & Clay				320		365		16 Remarks: elevation 8a Johnson Fra. Steel 1 1/2" 1000 SLOT 300-520' 14. Restue Land		
								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. KIM DRILLING, INC. 225 Business name License No. Address Box 1785, Sullivan, Okla. Signed Kenny Debra Date 3/1/75 Authorized representative		

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

Form WWC-5