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	Township name	Fraction	Section number	Town number	Range number
	Grant	Sullivan	SW¼ SW¼ SW¼	29	30S	37W

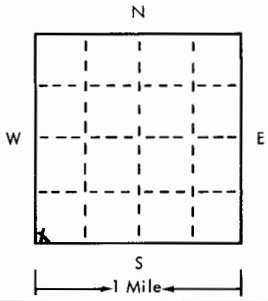
Distance and direction from nearest town or city: 11 miles south, 2 west, 1 south of Ulysses, Ks.

Street address of well location if in city:

3 Owner of well: Ralph Tuttle

Address: Ulysses, Kas.

Locate with "X" in section below:



Sketch map:

2 Type and color of material	From	To
Surface	0	2
Sandy clay	2	60
Medium sand	60	80
Brown clay	80	100
Fine to medium sand w/clay strips	100	220
Mdeium sand w/clay strips	220	280
Fine to medium sand w/clay strips	280	340
Medium to coarse sand	340	380
(use a second sheet if needed)		

4 Well depth: 380 ft. Date of completion 8-8-75
Well diameter 9¼ 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 Styrene Height: above/below
Threaded ☐ Welded ☒ Surface 18 in.
Diam. 5" O.D. Weight 320 lbs./ft.
0 in. to 310 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

8 Screen:
Manufacturer Sunflower
Type styrene Dia. 5" O.D.
Slot/gauze 1/16 Length 70
Set between 310 ft. and 380 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ___

9 Static water level:
175 ft. below land surface Date 8-5-75

10 Pumping level below land surfaces:
___ 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 ☐ Inches above grade

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

14 Nearest source of possible contamination:
1 mile ft. Direction south Type sewer
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:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

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.
Houck Bros. Drlg. Co. 164
Business name License No.
Address Box 487, Ulysses, Ks.
Signed M. Beard Date 8-20-75
Authorized representative

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

Form WWC-5

677-H