

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

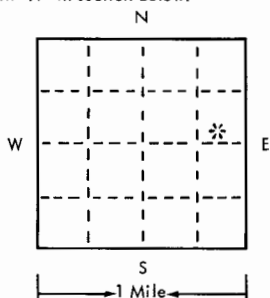
1 Location of well:	County Stevens	Township name Harmony	Fraction NE 1/4	Section number 29	Town number 31	Range number 37
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Distance and direction from nearest town or city: **9 mi. N, 1 mi. W, 1/8 N. of Hugoton, Ks.**

3 Owner of well:
Address: **Richard Grubbs
Hugoton, Kansas**

Locate with "X" in section below:

Sketch map:



120 ft. N & 600 ft. W of the SE corner

4 Well depth: **400** ft. Date of completion **8-21-1975**
Well diameter **9 7/8**.

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 **styro** Weight: above **12**"
Threaded Welded Surface
Diam. **glued** Weight **320** lbs./ft.
5 in. to **400** ft. depth! Drive shoe? Yes No
5 in. to **400** ft. depth!

2	Type and color of material	From	To
	Surface and fine sand	0	15
	Brown clay and gyp	15	45
	Sand	45	60
	Brown clay	60	90
	Sandy, brown clay	90	135
	Brown clay, sand	135	180
	" "	180	210
	Sand: Brown clay 245-255	210	255
	Brown clay	255	285
	Blue clay	285	330
	Sand	330	405
	(use a second sheet if needed)		

8 Screen: **NA**
Manufacturer **Jess & Lowell**
Type **styro** Dia. **5"**
Slot/gauze **factory** Length _____
Set between _____ ft. and _____ ft.
Fittings: **0-360 pl. : 360-400 perf.**
Gravel pack Yes No Size range of material **1/16 x 1/4**

9 Static water level:
180 ft. below land surface Date _____

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 Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From **6** ft. to **20** ft.

14 Nearest source of possible contamination:
ft. **150** Direction **south** Type **sewer**
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name **Gould**
Model number **na** HP **3** Volts **230**
Length of drop pipe **260** ft. capacity **30** g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

Topography:

Level ground.

- 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.

Wagner Drlg. 253A
Business name _____ License No. _____
Address **Ulysses, Kansas**
Signed **Ulysses Wagner** Date **8-30-1975**
Authorized representative