

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

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment
Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County Seward	Fraction SE 1/4 NW 1/4 SE 1/4	Section number 21	Township number T 32 S	Range number R 34 E/W
2. Distance and direction from nearest town or city: 1 3/4 East of Pleasant Hill, Kan Street address of well location if in city:			3. Owner of well: Hitch Farms Christine W. Hitch R.R. or street: Hitch Farms City, state, zip code: Guymon, Oklahoma 73942			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 26 in. Completion date 11-23-76 Well depth 414 ft.	
					7. <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	
					8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material		From	To	9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 42.5 lbs./ft. Dia. 16 in. to 414 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 1250		
Overburden		0	2	10. Screen: Manufacturer's name L. B. Foster Type Steel Dia. 16 Slot/gauze 1/8 Length 3' Set between 199 ft. and 360 ft. 380 ft. and 414 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-1/4		
Top Soil		2	200	11. Static water level: 205 ft. below land surface Date 11/26/76 mp./day/yr.		
Med. Sd. & Clay		200	230	12. 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.		
Coarse Sd.		230	260	13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
Brn. Clay & Coarse Sd.		260	280	14. Well head completion: NA ____ Pitless adapter ____ Inches above grade		
Med. Coarse Sd. w/Clay Strks.		280	350	15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
Coarse Sd. w/Clay Strks.		350	380	16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes <input checked="" type="checkbox"/> No		
Med. Sd. w/Clay Strks.		380	410	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Fine Sd. w/Clay		410	440	20. 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 Box 1385, Guymon, Okla. License No. ____ Address ____ Signed [Signature] Date 11/77 Authorized representative		
18. Elevation:		19. Remarks: 10A Johnson FRR 16" Steel 11000 Slot 360-380 16A Crop Land				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 32 S
 R 34 E
 Sec 21
 SE 1/4 NW 1/4 SE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5