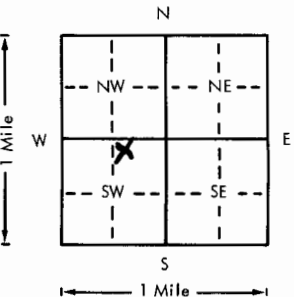


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>SEWARD</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section number <b>22</b>	Township number <b>T 32 S R 34 E/W</b>	Range number	
2. Distance and direction from nearest town or city: <b>2 1/2 EAST 1/4 OF WOODS KAN.</b>			3. Owner of well: <b>HITCH LAND &amp; CATTLE CO.</b> R.R. or street: <b>Box 1576</b> City, state, zip code: <b>Liberal, Kansas 67901</b>				
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>26</b> in. Completion date <b>6-4-80</b> Well depth <b>498</b> ft.				
5. Type and color of material			From		To		
			Surface		0	200	
Med sand & clay stk.			200	320	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		
Med coarse & gravel			320	380	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		
Med coarse sand & clay stk.			380	440	9. Casing: Material <b>Steel</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>42.5</b> lbs./ft. Dia. <b>16</b> n. to <b>498</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>250</b>		
Med sand			440	480	10. Screen: Manufacturer's name _____ Type <b>Steel</b> Dia. <b>16"</b> Slot/gauze <b>1/8</b> Length <b>3</b> Set between <del>XXX</del> <b>320</b> ft. and <b>340</b> ft. <b>470</b> ft. and <b>490</b> ft. Gravel pack? <b>yes</b> size range of material <b>1/8-1/4</b>		
Med sand & clay stk.			480	490	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
Med sand & red clay			490	500	12. Pumping level below land surfaces: <b>N/A</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
					14. Well head completion: <b>N/A</b> <input type="checkbox"/> Pitless adapter _____ inches above grade		
					15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
					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		
			(Use a second sheet if needed)				
18. Elevation:		19. Remarks:				20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		Perf. 198-320 340-470 490-498  16. Cropland				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>KTM DRILLING, INC. 225</b> Business name _____ License No. _____ Address <b>Box 1385, Guyman, OK</b> Signed <b>Chilton R. DeLoach</b> 740-9 Authorized representative	

32 34 W Sec 22 1/4 1/4 0/4 NWNE SW

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

Form WWC-5