

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 Seward	Township name NA	Fraction N1/4, N1/4, NE1/4	Section number 27	Town number T 32 S	Range number R 34 W		
Distance and direction from nearest town or city: Topeka of Lawrence, Kansas Street address of well location if in city:			3 Owner of well: Hitch Land & Cattle Co. Address: 118 W 6th Guyman, Okla					
Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			4 Well depth: 409 ft. Date of completion 1-24-75 Well diameter 26 in.		
2 Type and color of material			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"/>					
Top Soil			7 Casing: Material Steel Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 409 Weight 42.5 lbs./ft. 16 in. to 16 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth					
			8 Screen: Manufacturer L.B FOSTER Peris Type Steel Dia. 16" Sloth gauze 18" Length 202 (3") Set between 207 ft. and 409 ft. Fittings: 1/4 to 1/4 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material					
Med. Coarse Sd. & Clay			9 Static water level: 195 ft. below land surface Date 1/31/75					
Coarse Sd. & Clay Strks.			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.					
Coarse Sd.			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date					
Fine & Med. Sd. w/Clay Strks.			12 Well head completion: <input type="checkbox"/> Pitless adapter NA <input type="checkbox"/> Inches above grade					
Fine Sd.			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.					
Clay & Red Clay			14 Nearest source of possible contamination: ft. Pasture Land Direction Land Type Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
(use a second sheet if needed)			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					
			16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. KTM DRILLING, INC. 225 Business name License No. Address Box 1385, Guyman, Okla Signed [Signature] Date 2/2/75 Authorized Representative					

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

Form WWC-5