

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>Stevens</b>	Fraction <b>SW 1/4 SE 1/4 SE 1/4</b>	Section number <b>33</b>	Township number T <b>32</b> S R <b>35</b> E <b>W</b>	Range number
2. Distance and direction from nearest town or city:	<b>12 E 3 1/4 W</b>		3. Owner of well: <b>Tom Decamp</b>		
Street address of well location if in city:	<b>of Hugoton Ka</b>		R.R. or street: <b>R-B.</b>		
			City, state, zip code: <b>Hugoton Ka 67951</b>		
4. Locate with "X" in section below:			Sketch map:		
N					
5. Type and color of material			From	To	
<b>light silt Gray</b>			<b>9</b>	<b>4</b>	
<b>joint clay - dark</b>			<b>4</b>	<b>8</b>	
<b>redish brown joint clays</b>			<b>8</b>	<b>48</b>	
<b>sand redish + brown</b>			<b>48</b>	<b>60</b>	
<b>sand medium fine brown</b>			<b>60</b>	<b>120</b>	
<b>" " " w/silts + silts stone</b>			<b>120</b>	<b>140</b>	
<b>silts w/hard rock stringers</b>			<b>140</b>	<b>150</b>	
<b>sand coarse brown to gray</b>			<b>150</b>	<b>170</b>	
<b>" " w/clays tan</b>			<b>170</b>	<b>200</b>	
<b>" "</b>			<b>200</b>	<b>220</b>	
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill			<b>Slocum Drilling 127</b>		
<input checked="" type="checkbox"/> Slope			Business name License No.		
<input type="checkbox"/> Upland			Address <b>Hugoton Ka</b>		
<input type="checkbox"/> Valley			Signed <b>Paul Slocum</b> Date <b>12-23-78</b>		
			Authorized representative		

6. Bore hole dia. <b>10</b> in. Completion date <b>12-16-78</b>
Well depth <b>220</b> ft.
7. <input checked="" 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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
9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>3</b> in. RMP _____ PVC <b>5640</b> Weight <b>2-83</b> lbs./ft. Dia. <b>5</b> in. to <b>220</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>1258</b>
10. Screen: Manufacturer's name <b>Slocum</b> Type <b>Saw cut</b> Dia. <b>1/2"</b> Slot/gauze _____ Length <b>20</b> Set between <b>200</b> ft. and <b>220</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____
11. Static water level: _____ mo./day/yr. <b>93</b> ft. below land surface Date <b>12-16-78</b>
Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>24"</b> Inches above grade
15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite _____ Concrete Dep: From <b>3</b> ft. to <b>13</b> ft.
16. Nearest source of possible contamination: ft. <b>100+</b> Direction <b>west</b> Type <b>septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Pump: _____ Not installed Manufacturer's name <b>Reda</b> Model number <b>100RP</b> HP <b>1</b> Volts <b>230</b> Length of drop pipe <b>140</b> ft. capacity <b>20</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other

T 32  
 R 35  
 W  
 Sec 33  
 SW 1/4 SE 1/4 SE 1/4