

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 Stevens	Fraction SW 1/4 NE 1/4 SE 1/4	Section number 3	Township number T 32 S	Range number R 37 E/W																											
2. Distance and direction from nearest town or city: 3/4 EAST OF HUGOTON Street address of well location if in city:			3. Owner of well: Brewer Bros R.R. or street: State Route 2 City, state, zip code: HUGOTON, KS 67951																														
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 2 1/2 in. Completion date _____ Well depth 346 ft. 3/22/77																													
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>5. Type and color of material</td> <td>From</td> <td>To</td> </tr> <tr> <td>Overburden</td> <td>0</td> <td>2</td> </tr> <tr> <td>Top Soil, Clay & Fine Sd.</td> <td>2</td> <td>170</td> </tr> <tr> <td>Fine to Med. Sd. w/Clay Strks.</td> <td>170</td> <td>210</td> </tr> <tr> <td>Brn. Clay w/Rock & Sd. Strks.</td> <td>210</td> <td>240</td> </tr> <tr> <td>Med. to Coarse Sd. & Clay Strks.</td> <td>240</td> <td>280</td> </tr> <tr> <td>Med. to Coarse Sd. w/Clay Strks.</td> <td>280</td> <td>340</td> </tr> <tr> <td>Brown Clay</td> <td>340</td> <td>380</td> </tr> <tr> <td colspan="3" style="text-align:center;">(Use a second sheet if needed)</td> </tr> </table>		5. Type and color of material	From	To	Overburden	0	2	Top Soil, Clay & Fine Sd.	2	170	Fine to Med. Sd. w/Clay Strks.	170	210	Brn. Clay w/Rock & Sd. Strks.	210	240	Med. to Coarse Sd. & Clay Strks.	240	280	Med. to Coarse Sd. w/Clay Strks.	280	340	Brown Clay	340	380	(Use a second sheet if needed)			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		
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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			9. Casing: Material Steel Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC _____ Weight 42.5 lbs./ft. Dia 1 1/2 in. to 3 1/2 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gauge No. 250																														
10. Screen: Manufacturer's name L.B. Foster Type Steel Dia. 1 1/2 Slot/gauze 3/8 Length 3 Set between _____ ft. and _____ ft. and See below ft. Gravel pack? _____ Size range of material _____			11. Static water level: _____ mo./day/yr. 178 ft. below land surface Date 3-24-77																														
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.			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																														
14. Well head completion: _____ Pitless adapter NA _____ Inches above grade			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 12 ft.																														
16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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																														
18. Elevation:	19. Remarks:		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, Gayman, OK 73848 License No. _____ Address _____ Signed [Signature] Date 4/11/77 Authorized representative																														
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	10A 172-200, 210-245, 255-280, 300-320, 330-346 10B Johnson Tract Sec 2000 Steel 16" 1000' slot 200-210, 245-255, 280-300, 320-330																																

T 32 S 37 E
 Sec 3 SW 1/4 SE 1/4