

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

WATER WELL RECORD
KSA 82a-1201-1215

No pump

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

1. Location of well:	County Stevens	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 33	Township number T 32 S	Range number R 37 E/W
2. Distance and direction from nearest town or city: 3 mi.			3. Owner of well: Wayne Reeder		
Street address of well location if in city: A. Dugoton			R.R. or street: St. Rt.		
4. Locate with "X" in section below:			City, state, zip code: Dugoton, Kansas		
<p style="text-align: center;">Sketch map:</p> <p style="text-align: center;">N</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">1 Mile</div> </div> <p style="text-align: center;">S</p> <p style="text-align: center;">1 Mile</p>			<input checked="" type="checkbox"/> Bore hole dia. 9 in. Completion date 12-79 Well depth 150 ft.		
			<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		
			<input checked="" type="checkbox"/> 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		
			<input checked="" type="checkbox"/> Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 152 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. 262		
			<input checked="" type="checkbox"/> Screen: Manufacturer's name _____ Jet stream Type PVC Dia. 5 Slot/gauze SLOT Length 20 Set between 130 ft. and 150 ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
5. Type and color of material			From	To	
Surface			0'	10'	<input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. 80 ft. below land surface Date 12-79
Clay			10'	40'	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Clay & Sand			40'	46'	<input checked="" type="checkbox"/> Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
Clay			46'	60'	14. Well head completion: _____ Pitless adapter _____ Inches above grade
Clay & Sand			60'	85'	<input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 20 ft.
Coarse gravel			85'	105'	<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction NONE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clay w/ fine sand			105'	150'	<input checked="" type="checkbox"/> 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:			
Topography: ____ Hill ____ Slope ____ Upland ____ Valley		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. 160 Jim Smith Pump Service Business name License No. _____ Address Johns Lane 67855 Signed _____ Date 11/79 Authorized representative			

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