

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 SEWARD	Fraction SE SE NE 1/4 1/4 1/4	Section number 17	Township number T 33	Range number S R 34	E/W
2. Distance and direction from nearest town or city: WOODS RAN 3 E 1/4 N OF			3. Owner of well: HITCH LAND & CATTLE CO.				
Street address of well location if in city:			R.R. or street: Box 1576				
			City, state, zip code: Liberal, Kansas 67901				
4. Locate with "X" in section below:				Sketch map:			
5. Type and color of material				From	To	6. Bore hole dia. <u>26</u> in. Completion date <u>6-10-80</u> Well depth <u>552</u> ft.	
Top soil				0	200	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 sand & clay streak				200	280	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 sand & clay				280	320	9. Casing: Material <u>STEEL</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>42.5</u> lbs./ft. Dia. <u>16</u> in. to <u>552</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>250</u>	
Med coarse sand & clay				320	480	10. Screen: Manufacturer's name _____ Type <u>Steel</u> Dia. <u>16"</u> Slot/gauze <u>1/8</u> Length <u>3</u> Set between <u>440</u> ft. and <u>480</u> ft. _____ ft. and _____ ft. Gravel pack? <u>YES</u> Size range of material <u>1/8-1/4</u>	
Med sand & clay				480	500	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
Med coarse sand				500	547	12. Pumping level below land surfaces: <u>N/A</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
Red clay				547	550	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
Red Clay				550	580	14. Well head completion: <u>N/A</u> <input type="checkbox"/> Pitless adapter _____ Inches above grade	
						15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>40</u> 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: PERF. 201'-440' 480'-552'			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.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		16. Cropland			Business name KTM DRILLING, INC. 225 Address Box 1385, Guyman, OK Signed Cliff R. Deder Date 7-10-80 Authorized representative		

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

Form WWC-5