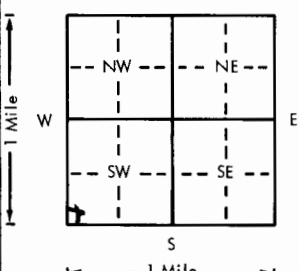


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SW 1/4 SW 1/4</b>	Section number <b>3</b>	Township number T <b>33</b>	Range number S R <b>35</b> E/W
2. Distance and direction from nearest town or city: <b>3 N - 1 W Woods</b>			3. Owner of well: <b>Duane Hamlin</b> R.R. or street: <b>RR #1 Box 30</b> City, state, zip code: <b>HUGOTON, KS</b>			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>26</b> in. Completion date _____ Well depth <b>593</b> ft. <b>5/16/77</b>			
5. Type and color of material			From	To	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	
<b>Overburden</b>			<b>0</b>	<b>2</b>	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	
<b>Top Soil</b>			<b>2</b>	<b>100</b>	9. Casing: Material <b>Steel</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>42.5</b> lbs./ft. Dia. <b>16</b> in. to <b>593</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1230</b>	
<b>Clay</b>			<b>100</b>	<b>140</b>	10. Screen: Manufacturer's name <b>L. B. Foster</b> Type <b>Steel</b> Dia. <b>16"</b> Slot/gauze <b>3/8"</b> Length <b>3' 3"</b> Set between <b>243-465</b> and <b>505-593</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-1/4"</b> ft.	
<b>Clay &amp; Med. to Fine Sd.</b>			<b>140</b>	<b>160</b>	11. Static water level: _____ mo./day/yr. <b>108</b> ft. below land surface Date <b>6-1-77</b>	
<b>Coarse to Med. Sd. &amp; Clay</b>			<b>160</b>	<b>220</b>	12. Pumping level below land surfaces: <b>NA</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
<b>Med. Sd. w/Clay</b>			<b>220</b>	<b>300</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<b>Med. to Coarse Sd. w/Clay Strks.</b>			<b>300</b>	<b>320</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
<b>Med. to Coarse Sd.</b>			<b>320</b>	<b>520</b>	15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
<b>Med. Sd. w/Clay</b>			<b>520</b>	<b>560</b>	16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Med. to Coarse Sd. w/Clay</b>			<b>560</b>	<b>590</b>	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: <b>10# Johnson IRR</b> <b>16" Steel</b> <b>.1000 Slot</b> <b>465-505</b> <b>16# Ceopland</b>			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. <b>KTM DRILLING, INC.</b> <b>225</b> Business name License No. Address <b>Box 1305, Gayman, Okla.</b> Signed <b>[Signature]</b> Date <b>6/6/77</b> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); margin-right: 10px;">T 33 R 35</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); margin-right: 10px;">E</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); margin-right: 10px;">Sec</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); margin-right: 10px;">1/4</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); margin-right: 10px;">SW 1/4 SW 1/4</div> </div>				