

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>SE 1/4 SE 1/4 NW 1/4</b>	Section number <b>9</b>	Township number <b>T 33 S R 35 E/W</b>	Range number <b>35</b>
2. Distance and direction from nearest town or city: <b>1 1/2 North</b> <b>1/2 West of Woods</b> Street address of well location if in city:			3. Owner of well: <b>Dewayne Hamlin</b> R.R. or street: <b>RR 1 Box 30</b> City, state, zip code: <b>HUGOTON, KAN 67951</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>16</b> in. Completion date: _____ Well depth <b>634</b> ft. <b>5-29-76</b>		
		<p>1 Mile</p> <p>1 Mile</p>		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		
				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		
5. Type and color of material		From	To	9. Casing: Material <b>Steel</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>1 1/2</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>42.5</b> lbs./ft. Dia. <b>16</b> in. to <b>634</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>1250</b>		
Overburden		0	2	10. Screen: Manufacturer's name <b>LB Foster</b> Type <b>Steel</b> Dia. <b>16</b> Slot/gauze <b>1/8</b> Length <b>8</b> Set between <b>265</b> ft. and <b>595</b> ft. <b>616</b> ft. and <b>634</b> ft.		
Top Soil		2	162	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-1/4</b>		
Clay Strks. Sd. & Gravel		162	287	11. Static water level: _____ mo./day/yr. <b>97</b> ft. below land surface Date <b>6/7/76</b>		
Sand Strkd. Clay		287	381	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.		
Sand		381	538	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sand & Gravel		538	632	14. Well head completion: <b>NA</b> <input type="checkbox"/> Pitless adapter _____ Inches above grade		
Red Bed		632	635	15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ 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		
				(Use a second sheet if needed)		
18. Elevation:	19. Remarks:			20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	<b>10A Johnson Jar</b> <b>16" Steel</b> <b>.1000 Slot</b> <b>595-615</b> <b>16A Crop Land</b>			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> 225 Business name _____ License No. _____ Address <b>Box 1385, Guymon, Okla.</b> Signed <b>Dewayne Hamlin</b> Date <b>9/7/76</b> Authorized representative		

T 33 S 35 W - 9 SE SE NW  
 1/4 1/4 1/4