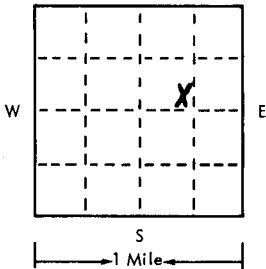


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Stevens</b>	Township name <b>NA</b>	Fraction <b>SE 1/4 SW 1/4, SW 1/4, NE 1/4</b>	Section number <b>12</b>	Town number <b>T34S</b>	Range number <b>R38W</b>
Distance and direction from nearest town or city: <b>1 W, 4 1/2 S from Hugoton</b> Street address of well location if in city:				3 Owner of well: <b>Ralph Stoddard</b> Address: <b>Hugoton, Km</b>		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		
2				4 Well depth: <b>594</b> ft. Date of completion <b>2-3-75</b> Well diameter <b>26</b> in.		
Type and color of material				5 <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		
From To				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
Top Soil				7 Casing: Material <b>Steel</b> Height: <b>above/below</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Dig. <b>594</b> Weight <b>4.5</b> lbs./ft. <b>L</b> <b>16</b> in. to <b>16</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to in. ft. depth		
Med. Coarse Sd. <b>overburden</b>				8 Screen: Manufacturer <b>L.B. FOSTER PERS.</b> Type <b>Steel</b> Dia. <b>16"</b> Slot gauge <b>1/8</b> Length <b>321</b> Set between <b>273</b> ft. and <b>594</b> ft. Fittings: <b>1/2 to 1/4</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material		
Med. Sd. & Blue Clay				9 Static water level: <b>120</b> ft. below land surface Date <b>2/5/75</b>		
Med. Coarse Sd.				10 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.		
Med. & Fine Sd.				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
Red Clay				12 Well head completion: <input type="checkbox"/> Pitless adapter <b>NA</b> <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>10</b> ft.		
				14 Nearest source of possible contamination: ft. <b>CRAP LAND</b> Type Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.m.p. Type: <b>PUMP SET BY THIRD PARTY</b> <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)						
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				17 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 1385, Guymon, Okla.</b> Signed <b>Kathy Miller</b> Date <b>2/27</b>		