

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

WATER WELL RECORD  
KSA 82g-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	Fraction <i>NE 1/4 NE 1/4 SW 1/4</i>	Section number <i>34</i>	Town number <i>34</i>	Range number <i>38</i>
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Distance and direction from nearest town or city:  $1\frac{1}{2}$  South

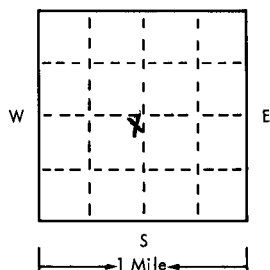
41/2 St, Hugoton  
Street address of well location if in city:

3 Owner of well: H.C. Morris

Address: Hugoton, Kansas

Locate with "X" in section below:

Sketch map:



4 Well depth: 568 ft. Date of completion 11-7-8-75  
Well diameter 26 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug  
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry  
☒ Irrigation ☐ Air conditioning ☐ Commercial  
☐ Test well ☐ \_\_\_\_\_

7 Casing: Material Steel Height: above/~~below~~  
Threaded ☐ Welded ☒ Surface 16 in.  
Diam. Weight 42.05 lbs./ft. 1  
16 in. to 768 ft. depth Drive shoe? ☒ Yes ☐ No  
— in. to — ft. depth!

2	Type and color of material	From	To
	Top Soil	0	180
	Med sand & clay	180	260
	Gravel & coarse	260	380
	Med coarse sand & clay streak	380	480
	Coarse sand & rock w/ clay streak	480	510
	Med Sand w/red clay	510	560
	Red clay	560	590
	(use a second sheet if needed)		

8 Screen: L. B. FOSTER  
 Manufacturer L. B. FOSTER  
 Type Steel Dia. 16"  
 Slot/gauze 1/8" Length 328  
 Set between 320 ft. and 344 ft.  
 Fittings Johnson Green 548-568  
 Gravel pack ☒ Yes ☐ No Size range of material 16-14

9 Static water level:  
140 ft. below land surface Date 11/8/75

10 Pumping level below land surfaces: 14  
 \_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
 \_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
 Estimated maximum yield \_\_\_\_\_ g.p.m.

11 Water sample submitted:  
☐ Yes ☒ No Date \_\_\_\_\_

12 Well head completion:  
☐ Pitless adapter 16 ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No  
☒ Neat cement ☐ Bentonite ☒ \_\_\_\_\_  
 Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:  
ft. \_\_\_\_\_ Direction \_\_\_\_\_ Type \_\_\_\_\_  
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☐ Not installed

Manufacturer's name \_\_\_\_\_

Model number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_

Length of drop pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ g.m.p.

Type: *Pump set by 3rd party*

<input type="checkbox"/> Submersible	<input type="checkbox"/> Turbine
<input type="checkbox"/> Jet	<input type="checkbox"/> Reciprocating
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Other

16 Remarks: elevation

**Topography:**

☐ Hill  
☐ Slope  
☒ Upland  
☐ Valley

14. Propylal

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.  
**KTM DRILLING, INC. 225**  
Business name License No.  
Address **Box 1385, Guymon, Okla**  
Signed *[Signature]* Date *4/14*  
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

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