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

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

WATER WELL RECORD
KSA 82a-1201-1215

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

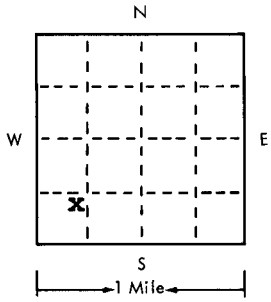
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Stevens		NE,SW,SW¼	9	35S	38W

Distance and direction from nearest town or city: 9 miles S, 6 W, 1 3/4 S, ¼ E of Hugoton

Street address of well location if in city:

3 Owner of well: Charles Brecheisen
Address: 926 South Main
Hugoton, Kansas

Locate with "X" in section below:



Sketch map:

Well drilled 30' SW of center of the SW ¼, Sec. 9 T35S, R38W.

4 Well depth: 380 ft. Date of completion 6-6-75
Well diameter 28 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 Stl Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 37 lbs./ft.
16 in. to 380 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Top soil	0	3
Very fine sand clay lenses	3	78
Tan clay fine sand streaks	78	190
Fine to coarse sand fine to medium gravel		
clay streaks	190	380
Tan and red clay	380	444
Red bed	444	460
(use a second sheet if needed)		

8 Screen:
Manufacturer Foster & Brown
Type Mill slot & Louver Dia. 16"
Slot/gauze 1/8" Length 192
Set between 188 ft. and 300 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1.2mm to 9mm

9 Static water level:
167 ft. below land surface Date 4-17-75

10 Pumping level below land surfaces:
187 ft. after ½ hrs. pumping 1060 g.p.m.
211 ft. after 1 hrs. pumping 2010 g.p.m.
Estimated maximum yield 2,000 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

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

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

14 Nearest source of possible contamination: unk
ft. _____ Direction _____ Type _____
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name Layne
Model number 12 KH HP 135 Volts ___
Length of drop pipe 240 ft. capacity 1100 g.m.p.
Type:
☐ Submersible ☒ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ 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.
Layne-Western Co. Inc. 150
Business name License No.
Address Box 686, Garden City, Ks
Signed [signature] Date 3 Jul 75
Authorized representative

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

Form WWC-5