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

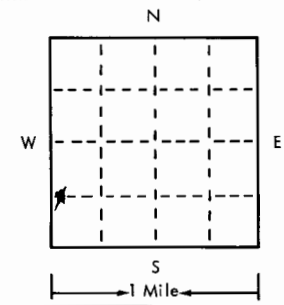
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	STEVENS	BANNER	NW¼ SW¼ SW¼	24	T 33 S	R 39 W

Distance and direction from nearest town or city: 2 west ¼ North of Federita, Kan.
Street address of well location if in city:

3 Owner of well: James Light
Address: Rolla, Kans

Locate with "X" in section below:



Sketch map:

4 Well depth: 422.3 ft. Date of completion 5/19/75
Well diameter 12 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 12 in.
Diam. 16 in. to ~~423~~ ft. depth Weight 42.5 lbs./ft. 1
Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top Soil	0	2
Overburden	2	60
Sd., Clay & Brn. Clay	60	160
Clay	160	195
Sd., Clay, Strks. of Sand	195	330
Med. Sd.	330	370
Red Clay	370	460

(use a second sheet if needed)

8 Screen:
Manufacturer L. B. Foster
Type Steel Dia. 16"
Slot/gauze .1000 Length 3"
Set between 403 ft. and 423 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼ to 1¼

9 Static water level:
___ ft. below land surface Date ___

10 Pumping level below land surfaces: NA
___ 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 NA ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 20 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.p.m.
Type: Pump Set By Third Party
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation
8A. Johnson Irr.
Steel 16"
.1000 slot
403-423'
14. Pasture Land

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.
KTM DRILLING, INC. 225
Business name License No.
Address Box 1388, Guymon, Okla.
Signed ~~Authorized representative~~ Date 5/20/75

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

Form WWC-5