

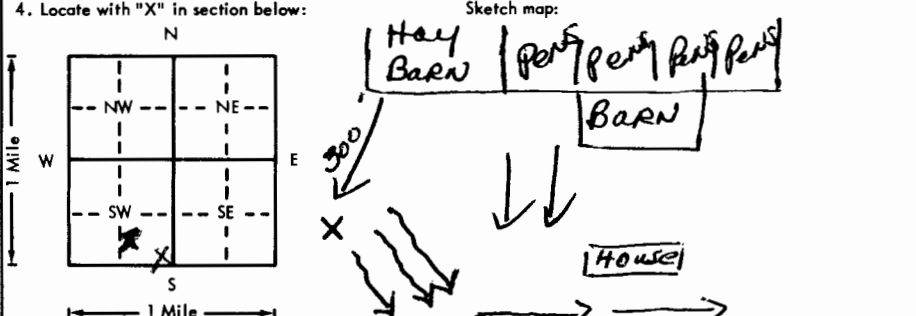
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USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

SE 1/4 SW 1/4

|  |  |        |                                      |  |                                  |                                 |
|--|--|--------|--------------------------------------|--|----------------------------------|---------------------------------|
| 1. Location of well:<br><b>Wabaugsee</b>   |  | County | Fraction<br><del>SE 1/4 SW 1/4</del> | Section number<br><b>8</b>   | Township number<br><b>T 10 S</b> | Range number<br><b>R 12 E/W</b> |
| 2. Distance and direction from nearest town or city:<br><b>1 mi. South and 1 mi. West of St. Marys, Ks.</b><br>Street address of well location if in city: |  |        |                                      | 3. Owner of well: <b>Everett A. Hoobler</b><br>R.R. or street: <b>411 Durink St.</b><br>City, state, zip code: <b>St. Marys, Ks. 66536</b>   |                                  |                                 |
| 4. Locate with "X" in section below:<br>                                 |  |        |                                      | 6. Bore hole dia. <b>32</b> in. Completion date <b>6-30-76</b><br>Well depth <b>47</b> ft.   |                                  |                                 |
| 5. Type and color of material  |  |        |                                      | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary   |                                  |                                 |
|  |  |        |                                      | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |                                  |                                 |
|  |  |        |                                      | 9. Casing: Material <b>concrete</b> Height Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.<br>Dia. <b>17</b> in. to <b>32</b> ft. depth Well Thickness: inches <b>3/4</b><br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Edge No. <b>2</b>   |                                  |                                 |
|  |  |        |                                      | 10. Screen: Manufacturer's name <b>Kelly Well Co.</b><br>Type <b>concrete</b> Dia. <b>17</b><br>Slot/gauze <input type="checkbox"/> Length <b>15 ft.</b><br>Set between <b>47</b> ft. and <b>32</b> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Gravel pack <input checked="" type="checkbox"/> yes Size range of material <b>5/8</b>  |                                  |                                 |
|  |  |        |                                      | 11. Static water level: <input type="checkbox"/> mo./day/yr.<br><b>17</b> ft. below land surface Date <b>7-1-76</b>  |                                  |                                 |
|  |  |        |                                      | 12. Pumping level below land surfaces: <b>1000</b><br><b>19</b> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br><b>22</b> ft. after <b>4</b> hrs. pumping <b>1200</b> g.p.m.<br>Estimated maximum yield <b>1500</b> g.p.m.  |                                  |                                 |
|  |  |        |                                      | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>  |                                  |                                 |
|  |  |        |                                      | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade<br><input checked="" type="checkbox"/> Well grouted? <b>yes</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.   |                                  |                                 |
|  |  |        |                                      | 16. Nearest source of possible contamination:<br>ft. <b>400</b> Direction <b>North</b> Type <b>Feedlot</b><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |                                 |
|  |  |        |                                      | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name <input type="checkbox"/><br>Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/><br>Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                  |                                 |
| 18. Elevation: <b>942</b>  |  |        |                                      | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Hoobler Drilling Co. 323</b><br>Business name License No.<br>Address <b>St. Marys, Ks. 66536</b><br>Signed <b>Don Hoobler</b> Date <b>7-24-76</b><br>Authorized representative   |                                  |                                 |
| 19. Remarks:<br><b>We do not install pumps.</b>  |  |        |                                      |  |                                  |                                 |

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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5