

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

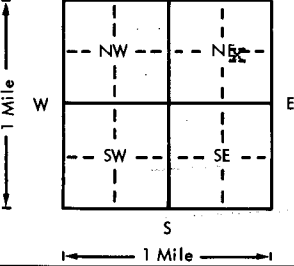
South well

WATER WELL RECORD
KSA 82a-1201-1215

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

ADD

1555 37R SW

| | | | | | | |
|---|--|---------------------------|--|---|---|---------------------------|
| 1. Location of well: | | County Hodgeman | Fraction NW SW 1/4 SE 1/4 NE 1/4 | Section number 4 | Township number T 21 S R 24 E (N) | Range number 24 |
| 2. Distance and direction from nearest town or city: 11 north-1 west-1 north-1 east-1 Jetmore | | | | 3. Owner of well: Gene Humburg R.R. or street: RFD 1 City, state, zip code: Ness City, Kansas | | |
| 4. Locate with "X" in section below:  | | | | 6. Bore hole dia. 20 in. Completion date 8-4-78 Well depth 82 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 <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary | | |
| Surface Silty brown clay Good coarse sand and gravel Gray clay Sand and # big gravel Blue shale | | | | 8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | |
| | | | | 9. Casing: Material <u>metal</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31.66</u> lbs./ft. Dia. <u>16</u> in. to <u>82</u> ft. depth Well Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <u>188</u> | | |
| | | | | 10. Screen: Manufacturer's name <u>W. A. Brown</u> Type <u>17% Free-flow</u> Dio. <u>16</u> Slot/gauze <u>.90</u> Length <u>40'</u> Set between <u>30</u> ft. and <u>70</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/8 down</u> | | |
| | | | | 11. Static water level: _____ mo./day/yr. <u>30'</u> ft. below land surface Date <u>5-19-78</u> | | |
| | | | | 12. Pumping level below land surfaces: <u>70</u> ft. after <u>4</u> hrs. pumping <u>350</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>350</u> g.p.m. | | |
| | | | | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade | | |
| | | | | 15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neot cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. | | |
| | | | | 16. Nearest source of possible contamination: <u>field</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | | | 17. Pump: _____ Not installed Manufacturer's name <u>Goulds</u> Model number <u>8J10</u> HP <u>18</u> Volts _____ Length of drop pipe <u>70'</u> ft. capacity <u>200</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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) | | | | | | |
| 18. Elevation: | | 19. Remarks: | | 20. 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. <u>Ace-Hi International</u> <u>190</u> Business name License No. Address <u>Dodge City, Kansas</u> Signed <u>Carl Gotthel</u> <u>8-30-</u> Date Authorized representative | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | 67 2795 (1079) | | | | |

21 24 4 NW SE 1/4

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

Form WWC-5