

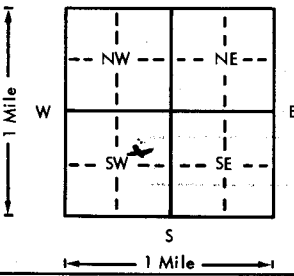
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

11/25/01  
KS

WATER WELL RECORD  
KSA 82a-1201-1215

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

C A C

1. Location of well:	County <b>HODGEMAN</b>	Fraction <b>SW 1/4 NE 1/4 SW 1/4</b>	Section number <b>27</b>	Township number <b>T 22 S</b>	Range number <b>R 22 E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	
BLACK TOPSOIL			0	4	
BROWN CLAY			4	36	
SAND & GRAVEL			36	56	
STRIP OF CLAY			56	57	
GOOD SAND			57	77	
HARD SPOT			77	78	
FINE BLUE SAND (dirty some clay)			78	100	
GREEN SAND			100	108	
BLUE SHALE			108	110	
BROCK 77 36 41 cat thick  in Alluvium					
(Use a second sheet if needed)					
18. Elevation:  Topography: — Hill — Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <b>OLD WELL TO BE USED FOR STOCK WELL.</b>  2168 77 2091 1090		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. <b>Don Waterhouse DRILLING</b> Business name Address <b>HANSTON KANSAS</b> Signed <b>Don Waterhouse</b> Date <b>26- MAY 77</b> Authorized representative		

6. Bore hole dia. <b>30</b> in. Completion date <b>16 MAY 1977</b> Well depth <b>108</b> ft.
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
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 <b>STEEL</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia <b>16</b> in. to <b>70</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <b>184</b>
10. Screen: Manufacturer's name <b>WA BROWN</b> Type <b>STEEL</b> Dia. <b>16</b> Slot/gauze <b>49</b> Length <b>40</b> Set between <b>70</b> ft. and <b>110</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>4 1/2" dia</b>
11. Static water level: <b>307.21</b> mo./day/yr. <b>36</b> ft. below land surface Date <b>5-22-77</b>
12. Pumping level below land surfaces: <b>72</b> ft. after <b>6</b> hrs. pumping <b>810</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1000</b> g.p.m.
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>11</b> ft. to <b>12</b> ft.
16. Nearest source of possible contamination: ft. <b>26'</b> Direction <b>EAST</b> Type <b>DR WELL</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17. Pump: Not installed Manufacturer's name <b>WIR</b> Model number <b>TYPE P</b> HP _____ Volts _____ Length of drop pipe <b>108</b> ft. capacity <b>850</b> 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

22 22 22 27 SW NE SW

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

Form WWC-5