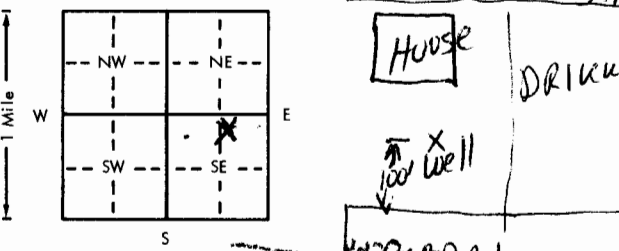


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well: FORD		Fraction NW 1/4 NE 1/4 SE 1/4	Section number 29	Township number T 26	Range number S R 25
2. Distance and direction from nearest town or city: Holly wood Add, Dodge City Ks.		3. Owner of well: BILL HAMILTON		R.R. or street: Holly wood Add, Dodge City Ks 67801	
4. Locate with "X" in section below: 		6. Bore hole dia. 4 1/2 in. Completion date 10-6-76 Well depth 100 ft.			
5. Type and color of material		7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary			
TOP SOIL		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
SAND & GRAVEL (Coarse)		9. Casing: Material PLST. Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 72 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 4 in. to 100 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 100			
Chy - some sand (fine)		10. Screen: Manufacturer's name PERLESS PLASTICS Type PVC Dia. 4 1/2 Slot gauge 1/16 Length 20' Set between 30 ft. and 100 ft. ft. and <input type="checkbox"/> ft.			
Sand & Gravel (Coarse)		Gravel pack? Yes Size range of material 1/4 1/2			
Gravel - pink, Brown, black, white, grey		11. Static water level: <input type="checkbox"/> mo./day/yr. 30 ft. below land surface Date 10-10-76			
NOT TO SCALE		12. Pumping level below land surfaces: NOT PUMPED ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 500 g.p.m.			
		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
		14. Well head completion: 12 inches above grade <input checked="" type="checkbox"/> Pitless adapter			
		15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.			
		16. Nearest source of possible contamination: ft. 100' Direction NORTH Type CURRAL Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
18. Elevation: FLAT.		19. Remarks: CUSTOMER TO INSTALL OWN PUMP. 2535 1010			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. BRAU DRILLING 217 Business name BUCKLIN, KANS License No. <input type="checkbox"/> Address RWBrown Signed 3-8-7 Authorized representative			

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

Form WWC-5

MI-1023