

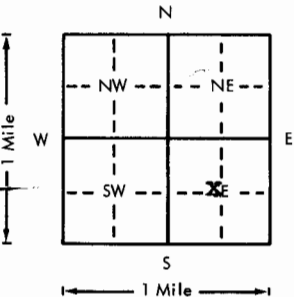
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

DC D

DODGE
CITY SW

1. Location of well:		County Ford	Fraction SW SE 1/4 SW 1/4 SE 1/4	Section number 20	Township number T 26 S	Range number R 26 E/W
2. Distance and direction from nearest town or city: 1 south-1/4 west of Howell Street address of well location if in city:			3. Owner of well: T.A. Hessman R.R. or street: 2411 Post City, state, zip code: Dodge City, Kansas			
4. Locate with "X" in section below: 			Sketch map: 6. Bore hole dia: 28 in. Completion date: 10-10-77 Well depth: 205 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 metal Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 10 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 31.66 lbs./ft. Dia. 16 in. to 205 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 188 10. Screen: Manufacturer's name W.A. Brown Type 10% Free-flow Dia. 16 Slot/gauze 1/8 Length 70 Set between 135 ft. and 205 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? yes Size range of material 3/8 down 11. Static water level: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> ft. below land surface Date <input type="checkbox"/> 12. Pumping level below land surfaces: no test <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 2000 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: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <input checked="" type="checkbox"/> Well grouted? no With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft. 16. Nearest source of possible contamination: ft. 1500 Direction NE Type sewer Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 17. Pump: WLR <input type="checkbox"/> Not installed Manufacturer's name his used pump Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe 160 ft. capacity 650 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: 10' of groute and pump slab to be installed by the customer-he knows this is a regulation 2549 202 347 V Thomas A. Hessman				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. Ace-Hi International 190 Business name Dodge City, Ks License No. <input type="checkbox"/> Address Carl E. Fitch Date 10-10-77 Signed Carl E. Fitch Authorized representative				

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

Form WWC-5