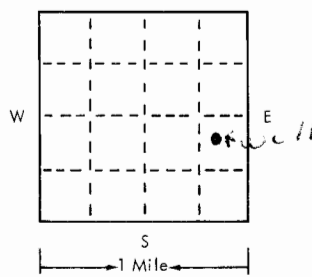


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

27 24 W 13 SE NW NE SE
T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Feos</u>	Township name <u>Enterprise</u>	Fraction <u>NE 1/4 of SE 1/4</u>	Section number <u>13</u>	Town number <u>T 27-5</u>	Range number <u>R-24 W</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>Ralph Lang</u>		
Street address of well location if in city:				Address: <u>Dodge City, Kansas</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>156</u> ft. Date of completion <u>9-11-75</u> Well diameter <u>26</u> in.		
				5 <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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <u>Metal</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. to <u>156</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>16</u> in. to <u>156</u> ft. depth		
2		Type and color of material		From	To	8 Screen:
		Surface		0	3	Manufacturer <u>W.A. Brown</u>
		Fine sand		3	10	Type <u>Free-flo</u> Dia. <u>16</u>
		Clay		10	14	Slot/gauze <u>1/8</u> Length <u>2"</u>
		Gravel		14	25	Set between <u>76</u> ft. and <u>156</u> ft.
		Caleche clay		25	48	Fittings:
		Fine sand and sandy clay		48	71	Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>CMA 3/8</u>
		Good med. sand and gravel		71	83	9 Static water level:
		Fine sand and sandy clay		83	95	<u>20</u> ft. below land surface Date <u>9-11-75</u>
		A-1 sand and gravel		95	114	10 Pumping level below land surfaces:
		Hard pan		114	115	<u>27</u> ft. after <u>2</u> hrs. pumping <u>850</u> g.p.m.
		A-1 sand and gravel		115	127	<u>52</u> ft. after <u>2</u> hrs. pumping <u>1527</u> g.p.m.
		Good sand and gravel with 10 to 15% clay		127	135	Estimated maximum yield <u>3000</u> g.p.m.
		A-1 sand and gravel		135	154	11 Water sample submitted:
		Yellow clay		154	160	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
		(use a second sheet if needed)				12 Well head completion:
						<input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/>
						Depth: From <u>0</u> ft. to <u>10</u> ft.
						14 Nearest source of possible contamination: <u>NA</u>
						ft. _____ Direction _____ Type _____
						Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						15 Pump:
						<input checked="" type="checkbox"/> Not installed
						Manufacturer's name _____
						Model number _____ HP _____ Volts _____
						Length of drop pipe _____ ft. capacity _____ 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
16 Remarks: elevation				17 Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill				<u>Age-Hi International Inc.</u> <u>190</u>		
<input type="checkbox"/> Slope				Business name _____ License No. _____		
<input type="checkbox"/> Upland				Address <u>Box 1442, Dodge City, Kan.</u>		
<input checked="" type="checkbox"/> Valley				Signed <u>Carl C. H. H.</u> Date <u>9-22-75</u>		
				Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5