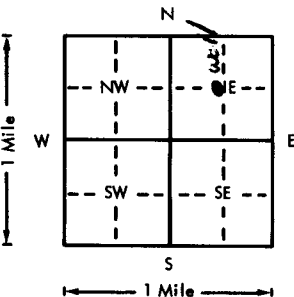


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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:		County	Fraction	Section number	Township number	Range number
		Gray	40' west of Center E 1/4 1/4 1/4	2	T 27 S	R 27 E
2. Distance and direction from nearest town or city:				3. Owner of well:		
Street address of well location if in city:				R.R. or street:		
				403 Campus Drive		
				City, state, zip code: Dodge City, Kansas		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>28</u> in. Completion date <u>3-27-76</u> Well depth <u>154</u> 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		
5. Type and color of material				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>24</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>20.30</u> lbs./ft. Dia. <u>16</u> in. to <u>154</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>154</u> ft. depth gage No. <u>179</u>		
				10. Screen: Manufacturer's name <u>W.A. Brown and Johnson Screen</u> Type <u>Free-110</u> Dia. <u>16</u> Slot/gauze: <u>1/8</u> Length <u>112</u> Set between <u>37</u> ft. and <u>149</u> ft. ft. and <u>149</u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/8 CMA</u>		
				11. Static water level: <u>47</u> ft. below land surface Date <u>2-24-76</u> mo./day/yr.		
				12. Pumping level below land surfaces: <u>900</u> g.p.m. <u>110</u> ft. after <u>1</u> hrs. pumping <u>110</u> ft. after <u>1</u> hrs. pumping <u>1400</u> g.p.m. Estimated maximum yield <u>1400</u> g.p.m.		
				13. Water sample submitted: <u>X</u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
				14. Well head completion: <u>X</u> inches above grade <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <input type="checkbox"/> Inches above grade		
				15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat 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>NA</u> ft. Direction Type Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <u>X</u> Not installed Manufacturer's name <u>Goulds</u> Model number <u>12-IMC</u> HP <u>80</u> Volts <u>800</u> Length of drop pipe <u>140</u> ft. capacity <u>800</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		
				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 190</u> Business name <u>Dodge City, Kansas</u> License No. Address Signed <u>Carl G. Tittel</u> Date <u>4-3-76</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>Grouting and slab to be installed by customer</u> <u>Harold Robert Leon Feldt</u>				

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

Form WWC-5