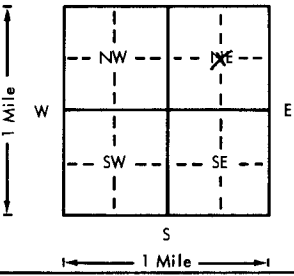


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Kiowa</u>		Fraction <u>CNE</u> 1/4 1/4 1/4		Section number <u>19</u>	Township number <u>T 28 S R 16 E/W</u>	Range number
2. Distance and direction from nearest town or city: <u>1 1/4 S 1 1/4 W of Haviland</u> Street address of well location if in city:				3. Owner of well: <u>MAX Hoeme</u> R.R. or street: City, state, zip code: <u>Preston Ks.</u>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>2 1/4</u> in. Completion date <u>2-12-76</u> Well depth <u>212</u> ft.		
5. Type and color of material		From	To	7. <input 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		
<u>Top Soil</u>		<u>0</u>	<u>3</u>	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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<u>Brown &amp; white clay</u>		<u>3</u>	<u>60</u>	9. Casing: Material <u>Steel</u> Height: <u>Above or below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>2 1/2</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>		
<u>Fine sand &amp; Brown &amp; white Sandy clay</u>		<u>60</u>	<u>88</u>	10. Screen: Manufacturer's name <u>Doerck</u> Type <u>Steel</u> Dia. <u>16</u> Slot/gauze <u>3/16</u> Length <u>60</u> Set between <u>152</u> ft. and <u>212</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>		
<u>Sand &amp; Gravel clean coarse loose</u>		<u>88</u>	<u>122</u>	11. Static water level: _____ mo./day/yr. <u>110</u> ft. below land surface Date <u>10-23-75</u>		
<u>Brown clay</u>		<u>122</u>	<u>125</u>	12. Pumping level below land surfaces: <u>112</u> ft. after <u>1/2</u> hrs. pumping <u>1000</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1200</u> g.p.m.		
<u>Sand &amp; Gravel clean coarse loose</u>		<u>125</u>	<u>196</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>11-1-75</u>		
<u>Yellow Brown sandy clay &amp; Sand streaks</u>		<u>196</u>	<u>199</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
<u>Sand &amp; Gravel clean coarse loose</u>		<u>199</u>	<u>213</u>	15. Well grouted? <input checked="" type="checkbox"/> 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.		
<u>Gray clay</u>		<u>213</u>	<u>215</u>	16. Nearest source of possible contamination: ft. <u>4 1/2</u> Direction <u>NW</u> Type <u>Corral</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>WLR</u> Model number <u>4BH 12</u> HP <u>100</u> Volts _____ Length of drop pipe <u>160</u> ft. capacity <u>1000</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>Rosenkrantz-Bemis 134</u> Business name _____ License No. _____ Address <u>Great Bend, Ks.</u> Signed <u>Bridia Hudson</u> Date <u>2/30/76</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5