

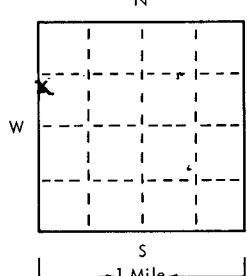
USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

# Plugging Report

WATER WELL RECORD  
KSA 82a-1201-1215

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>Gray</u>	Township name	Fraction <u>SW/NW</u>	Section number <u>30</u>	Town number <u>295</u>	Range number <u>27 W</u>																																																																																																																		
Distance and direction from nearest town or city: <u>Haggard</u> <u>12 W 9 1/2 S</u> Street address of well location if in city:			3 Owner of well: <u>George Hullskamp</u> Address: <u>2309-1 Ave</u> <u>Dodge City, KS 67801</u>																																																																																																																					
Locate with "X" in section below: 			Sketch map: <u>Location</u>			4 Well depth: <u>2476</u> ft. Date of completion _____ Well diameter _____ in.																																																																																																																		
<table border="1"><thead><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td><u>Surface</u></td><td><u>0</u></td><td><u>2</u></td></tr><tr><td></td><td><u>Clay</u></td><td><u>2</u></td><td><u>13</u></td></tr><tr><td></td><td><u>Clay &amp; caliche</u></td><td><u>13</u></td><td><u>55</u></td></tr><tr><td></td><td><u>Fine sand rock</u></td><td><u>55</u></td><td><u>61</u></td></tr><tr><td></td><td><u>Caliche &amp; clay</u></td><td><u>61</u></td><td><u>73</u></td></tr><tr><td></td><td><u>Fine sand &amp; gravel</u></td><td><u>73</u></td><td><u>84</u></td></tr><tr><td></td><td><u>Caliche &amp; clay</u></td><td><u>84</u></td><td><u>87</u></td></tr><tr><td></td><td><u>Sand &amp; gravel</u></td><td><u>87</u></td><td><u>96</u></td></tr><tr><td></td><td><u>Caliche</u></td><td><u>96</u></td><td><u>101</u></td></tr><tr><td></td><td><u>Sand &amp; gravel</u></td><td><u>101</u></td><td><u>118</u></td></tr><tr><td></td><td><u>Caliche</u></td><td><u>118</u></td><td><u>135</u></td></tr><tr><td></td><td><u>med. Fine sand</u></td><td><u>135</u></td><td><u>159</u></td></tr><tr><td></td><td><u>hard yellow rock layers &amp; clay</u></td><td><u>159</u></td><td><u>164</u></td></tr><tr><td></td><td><u>grey shale</u></td><td><u>164</u></td><td><u>179</u></td></tr><tr><td></td><td><u>Black shale, hard stringers</u></td><td><u>179</u></td><td><u>228</u></td></tr><tr><td colspan="4">(use a second sheet if needed)</td><td colspan="2">8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____</td></tr><tr><td colspan="4"></td><td colspan="2">9 Static water level: _____ ft. below land surface Date _____</td></tr><tr><td colspan="4"></td><td colspan="2">10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.</td></tr><tr><td colspan="4"></td><td colspan="2">11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____</td></tr><tr><td colspan="4"></td><td colspan="2">12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade</td></tr><tr><td colspan="4"></td><td colspan="2">13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.</td></tr><tr><td colspan="4"></td><td colspan="2">14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td colspan="4"></td><td colspan="2">15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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Form WWC-5

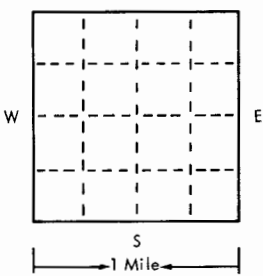
Page one

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WATER WELL RECORD  
KSA 82a-1201-1215

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

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Page Two