

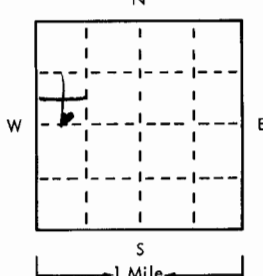
USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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

BCD

|   |                       |                                    |   |                          |                           |
|---|-----------------------|------------------------------------|---|--------------------------|---------------------------|
| 1 Location of well:   | County<br><b>FORD</b> | Township name<br><b>ENTERPRISE</b> | Section number<br><b>18</b>   | Town number<br><b>27</b> | Range number<br><b>24</b> |
| Distance and direction from nearest town or city:<br><b>2 MI. SOUTH - 1 MI EAST 1/2 S.</b><br>Street address of well location if in city:<br><b>800 FEET EAST</b>   |                       |                                    | 3 Owner of well:<br><b>E G ROESENER</b><br>Address:<br><b>RFD 3 DODGE CITY KAN</b>  |                          |                           |
| Locate with "X" in section below:<br>  |                       |                                    | 4 Well depth: <b>162</b> ft. Date of completion _____<br>Well diameter <b>2 1/2</b> in.   |                          |                           |
| 2 Type and color of material  |                       |                                    | 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/> _____  |                          |                           |
| SURFACE<br>CLAY<br>SAND & GRAVLE COARSE<br>SHALE  |                       |                                    | 7 Casing: Material <b>STL</b> Height: above/below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in.<br>Diam. _____ Weight _____ lbs./ft. _____<br><b>4</b> in. to <b>162</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ in. to _____ ft. depth   |                          |                           |
|   |                       |                                    | 8 Screen:<br>Manufacturer <b>WA BROWN</b><br>Type <b>BRIDGE</b> Dia. <b>1 1/2</b><br>Slot/gauze <b>1/8</b> Length _____<br>Set between <b>62</b> ft. and <b>162</b> ft. _____<br>Fittings: _____<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____  |                          |                           |
| Block 160<br>65<br>95' sat 162  |                       |                                    | 9 Static water level:<br><b>45</b> ft. below land surface Date _____  |                          |                           |
|   |                       |                                    | 10 Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>1600</b> g.p.m.   |                          |                           |
| in Og   |                       |                                    | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |                          |                           |
|   |                       |                                    | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 9 inches above grade   |                          |                           |
| (use a second sheet if needed)  |                       |                                    | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> CEMENT<br>Depth: From _____ ft. to _____ ft.  |                          |                           |
|   |                       |                                    | 14 Nearest source of possible contamination:<br>ft. <b>3-4</b> Direction <b>N</b> Type <b>EDY</b><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                          |                           |
| 16 Remarks: elevation<br><br>Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley<br><br>41<br>160<br>2381 |                       |                                    | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                          |                           |
|   |                       |                                    | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>JO JOHNSON DRILLING 183</b><br>Business name _____ License No. _____<br>Address <b>Dodge City Kan</b><br>Signed <b>JO JOHNSON</b> Date <b>10-7</b><br>Authorized representative  |                          |                           |

27 24 W 18 SE KSW NW