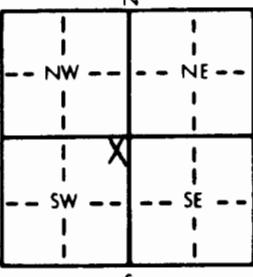
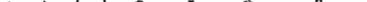


**WATER WELL RECORD** Form WWC-5 KSA 82a-1212

Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction NE 1/4 NE 1/4 SW 1/4	Section Number 5	Township Number T 27 S	Range Number R 29 E/W
County: Gray Distance and direction from nearest town or city street address of well if located within city? From Ingalls, Kansas 7 miles South & 2 1/2 miles West					
2 WATER WELL OWNER:		Loren Doll WELL #2		Board of Agriculture, Division of Water Resources Application Number:	
RR#, St. Address, Box #:		118 Care Free Dr.			
City, State, ZIP Code:		Dodge City, Kansas 67801			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL ..... 210 ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL ..... 100 ft. below land surface measured on mo/day/yr Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter ..... in. to ..... ft. and ..... in. to ..... ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well ..... Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
5 TYPE OF BLANK CASING USED:		5 Wrought iron 1 Steel 2 PVC	8 Concrete tile 6 Asbestos-Cement 7 Fiberglass	CASING JOINTS: Glued ..... Clamped ..... Welded ..... Threaded ..... ft.	
Blank casing diameter ..... 16 in. to ..... ft. Dia ..... in. to ..... ft. Dia ..... in. to ..... ft.					
Casing height above land surface ..... 72 in., weight ..... lbs./ft. Wall thickness or gauge No. ....					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 2 Brass		3 Stainless steel 4 Galvanized steel	5 Fiberglass 6 Concrete tile	7 PVC 8 RMP (SR) 9 ABS	10 Asbestos-cement 11 Other (specify) ..... N/A 12 None used (open hole) ..... N/A
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 2 Louvered shutter		3 Mill slot 4 Key punched	5 Gauzed wrapped 6 Wire wrapped 7 Torch cut	8 Saw cut 9 Drilled holes 10 Other (specify) ..... N/A	11 None (open hole) ..... N/A
SCREEN-PERFORATED INTERVALS: From ..... N/A ft. to ..... N/A ft. From ..... ft. to ..... ft.					
From ..... ft. to ..... ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... ft. to ..... ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.					
From ..... ft. to ..... ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.					
6 GROUT MATERIAL:		1 Neat cement Grout Intervals: From ..... 9 ft. to ..... 6 ft., From ..... 9 ft. to ..... 100 ft., From ..... ft. to ..... ft.	2 Cement grout 3 Bentonite	4 Other ..... 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage	14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) ..... N/A
What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard					
Direction from well?					
FROM ..... TO ..... LITHOLOGIC LOG			FROM ..... TO ..... PLUGGING INTERVALS		
0	6	Top soil			
6	9	Cement plug			
9	100	Bentonite grout & fill sand mixed			
100	210	Fill sand — Chlorinated			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... 11-20-91 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... 179 ..... This Water Well Record was completed on (mo/day/yr) ..... 12-31-91 ..... under the business name of Joe's Well Service, Inc. Cimarron, Ks. by (signature) ..... Judith Clegg					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) ~~plugged under my jurisdiction~~ and was completed on (mo/day/year) 11-20-91 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 179 This Water Well Record was completed on (mo/day/yr) 12-31-91.  
under the business name of Joe's Well Service, Inc. Cimarron, Ks. by (signature) 

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.