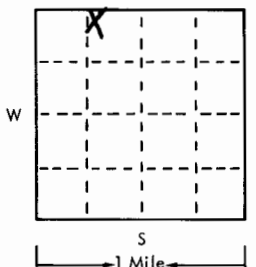


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82g-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 FORD	Township name CONCORD W	Fraction 4 W 1/4 1/4	Section number 1	Town number 28 S	Range number 26 W
Distance and direction from nearest town or city: DODGE CITY 4 W 56 Hwy 45				3 Owner of well: Devin Robinson R.F.D. 1			
Street address of well location if in city:				Address: Dodge City, Mo. 67801			
Locate with "X" in section below:		Sketch map:		4 Well depth: 186 ft. Date of completion _____ Well diameter 30 in.			
				5 <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			
2		Type and color of material		From	To	6 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"/> Commercial <input type="checkbox"/> Test well	
		surface		0	2	7 Casing: Material ST Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ 16 in. to 126 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
		clay		2	55	8 Screen: Manufacturer, W.A. Brown Type Bridge Dia. 1 1/2 Slot/gauze 18 Length _____ Set between 126 ft. and 186 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2	
		dry sand		55	73	9 Static water level: 131 ft. below land surface Date _____	
		sand rock layers & clay		73	101	10 Pumping level below land surfaces: 38 ft. after 3 hrs. pumping 1100 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
		clay & caliche		101	124	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		sand & gravel		124	180	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
		hard layers grey shale		180	188	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
		black shale		188	190	14 Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Hydro. Model number _____ HP _____ Volts _____ Length of drop pipe 180 ft. capacity 1100 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	
16 Remarks: elevation				17 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. Johnson Drilling Business name Box 746 License No. _____ Address _____ Signed Janice Olden Date 7/10 Authorized representative			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5