

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 <i>Gray</i>	Township name	Fraction <i>SW/NE</i>	Section number <i>30</i>	Town number <i>295</i>	Range number <i>27 W</i>
Distance and direction from nearest town or city:	<i>Haggard</i>		3 Owner of well:	<i>George Halls Kamp</i>		
Street address of well location if in city:			Address:	<i>2309 1/2 Ave Dodge City, KS 67801</i>		
Locate with "X" in section below:			Sketch map:			
		<i>Location</i>				
4 Well depth:	<i>496</i>		ft. Date of completion			
Well diameter			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 type="checkbox"/> Reverse rotary					
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					
7 Casing:	Material		Height: above/below			
			Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface	in.		
Diam.			Weight	lbs./ft.		
			in. to	ft. depth	Drive shoe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			in. to	ft. depth		
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					
9 Static water level:						
ft. below land surface	Date					
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.					
11 Water sample submitted:						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Date					
12 Well head completion:						
<input type="checkbox"/> Pitless adapter	<input type="checkbox"/> Inches above grade					
13 Well grouted?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Neat cement	<input type="checkbox"/> Bentonite					
Depth: From	ft. to ft.					
14 Nearest source of possible contamination:						
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						
Model number	HP Volts					
Length of drop pipe	ft. capacity g.m.p.					
Type:						
<input type="checkbox"/> Submersible	<input type="checkbox"/> Turbine					
<input type="checkbox"/> Jet	<input type="checkbox"/> Reciprocating					
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Other					
16 Remarks: elevation						
Topography:						
<input type="checkbox"/> Hill						
<input type="checkbox"/> Slope						
<input type="checkbox"/> Upland						
<input checked="" type="checkbox"/> Valley						
(use a second sheet if needed)						
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.						
Business name	<i>See pg. 2</i>					
Address						
Signed	Date					
Authorized representative						

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

Form WWC-5

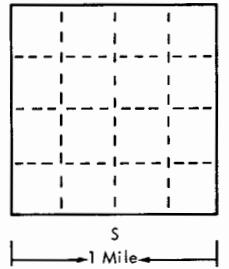
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(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <i>Shay</i>	Township name	Fraction <i>SW 1/4 NW</i>	Section number <i>30</i>	Town number <i>29</i>	Range number <i>27 W</i>
Distance and direction from nearest town or city:			3 Owner of well: <i>George Haluska</i>			
Street address of well location if in city:			Address:			
Locate with "X" in section below: 						
Sketch map: 						
4 Well depth: <u>498</u> ft. Date of completion _____ Well diameter _____ 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						
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 <input type="checkbox"/>						
7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ in. to _____ ft. depth! Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth!						
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 _____						
9 Static water level: _____ ft. below land surface Date _____						
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.						
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____						
12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade						
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.						
14 Nearest source of possible contamination: 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 _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other						
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						
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. <i>Johnson Drilling 183</i> Business name: <i>Box 746</i> License No. Address: _____ Signed: <i>James C. Ceder</i> Date <i>6/3/76</i> Authorized representative						

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