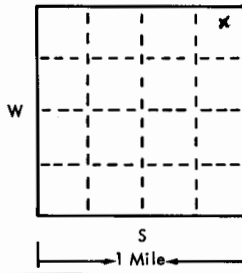


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>MEADE</b>	Township name <b>CROOKED CREEK</b>	Fraction <b>NE 1/4</b>	Section number <b>32</b>	Town number <b>30</b>	Range number <b>27</b>
Distance and direction from nearest town or city: <b>5 M WEST OF FOWLER KAN 7/8 N. 500 FT. W.</b>				3 Owner of well: <b>MEREDITH POST</b> Address: <b>2305 1ST. AVE DODGE CITY KAN.</b>		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map: 4 Well depth: <b>371</b> ft. Date of completion _____ Well diameter <b>28</b> 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 <b>STEEL</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>30</b> in. Diam. _____ Weight _____ lbs./ft. _____ <b>16</b> in. to <b>371</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
2				Type and color of material From To <b>SURFACE</b> 0 3 <b>CLAY - BLUE</b> 3 130 <b>SAND &amp; SMALL GRAVEL</b> 130 147 <b>CLAY</b> 147 155 <b>MED. FINE SAND</b> 155 162 <b>CLAY</b> 162 177 <b>FINE SAND</b> 177 181 <b>CLAY</b> 181 228 <b>SAND &amp; GRAVEL</b> 228 243 <b>CALICHE &amp; CLAY</b> 243 249 <b>SAND &amp; GRAVEL</b> 249 271 <b>CLAY &amp; CALICHE</b> 271 336 <b>FINE SAND &amp; SAND ROCK SOME CLAY</b> 336 370 <b>CLAY</b> 370 395 (use a second sheet if needed)		
16 Remarks: elevation				8 Screen: Manufacturer <b>WALBROWN</b> Type <b>BRIDGE</b> Dia. <b>16</b> Slot/gauze <b>1/8</b> Length _____ Set between _____ ft. and _____ ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2 in down</b> 9 Static water level: <b>18</b> ft. below land surface Date <b>9-10-25</b> 10 Pumping level below land surfaces: <b>190</b> ft. after <b>1</b> hrs. pumping <b>1400</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1400</b> 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 checked="" type="checkbox"/> 30 inches above grade 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"/> <b>CEMENT</b> Depth: From <b>0</b> ft. to <b>10</b> ft. 14 Nearest source of possible contamination: ft. <b>500</b> Direction <b>N.E.</b> Type <b>CREEK</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>W.L.P.</b> Model number _____ HP _____ Volts _____ Length of drop pipe <b>200</b> ft. capacity <b>1400</b> g.m.p. 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		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. <b>J.O. Johnson Drilling 183</b> Business name License No. Address <b>DODGE CITY KAN</b> Signed <b>J.O. Johnson</b> Date <b>10-31-</b> Authorized representative		

30 27 W 32 NE NE NE