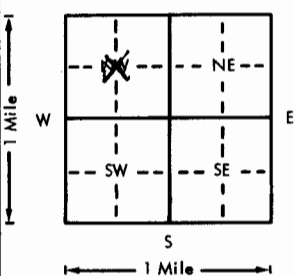


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

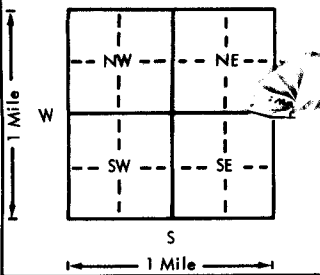
|  |  |                           |                                     |   |                                  |  |
|--|--|---------------------------|-------------------------------------|---|----------------------------------|--|
| 1. Location of well:   |  | County<br><b>Comanche</b> | Fraction<br><b>C NW 1/4 1/4 1/4</b> | Section number<br><b>30</b>   | Township number<br><b>T 31 S</b> | Range number<br><b>R 18 X/W</b>  |
| 2. Distance and direction from nearest town or city:<br><b>2 miles North of Coldwater</b><br>Street address of well location if in city:                                       |  |                           |                                     | 3. Owner of well:<br><b>Yost Farms, Inc.</b><br>R.R. or street:<br><b>Mr. Harlin Yost</b><br>City, state, zip code:<br><b>Coldwater, Kansas</b> |                                  |  |
| 4. Locate with "X" in section below:<br>N<br><br>W<br>E<br>S<br>1 Mile<br>Well No. 6 (TH 1-76) |  |                           |                                     | 6. Bore hole dia. <b>30</b> in. Completion date <b>1/31/76</b><br>Well depth <b>267</b> ft.   |                                  |  |
| 5. Type and color of material  |  |                           |                                     | From  | To                               | 7. <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   |
| Sandy soil   |  |                           |                                     | 0   | 2                                | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |
| Fine sand w/clay   |  |                           |                                     | 2   | 8                                | 9. Casing: Material <b>Stl</b> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in.<br>RMP _____ PVC _____ Weight _____ lbs./ft.<br>Dia. <b>16</b> in. to <b>181</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <b>179</b>  |
| Med. to coarse sand  |  |                           |                                     | 8   | 67                               | 10. Screen: Manufacturer's name <b>Doerr</b><br><b>Metal Products Co.</b><br>Type <b>Stl.</b> Dia. <b>16"</b><br>Slot/gauze <b>1/8</b> Length <b>76'</b><br>Set between <b>176</b> ft. and <b>196</b> ft.<br><b>211</b> ft. and <b>267</b> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8 x 3/16</b>  |
| Clay   |  |                           |                                     | 67  | 76                               | 11. Static water level: _____ mo./day/yr.<br><b>65</b> ft. below land surface Date <b>3-19-76</b>  |
| Med. to coarse sand & gravel   |  |                           |                                     | 75  | 105                              | 12. Pumping level below land surfaces:<br><b>106</b> ft. after <b>3</b> hrs. pumping <b>800</b> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>1500</b> g.p.m.  |
| Clay   |  |                           |                                     | 105   | 120                              | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____  |
| Med. to coarse sand & gravel   |  |                           |                                     | 120   | 125                              | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12</b> inches above grade   |
| Clay   |  |                           |                                     | 125   | 135                              | 15. Well grouted? <b>yes</b><br>With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.  |
| Med to coarse sand & gravel  |  |                           |                                     | 165   | 195                              | 16. Nearest source of possible contamination:<br>ft. <b>1000</b> Direction <b>South</b> Type <b>City</b><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| Sandy clay   |  |                           |                                     | 195   | 210                              | 17. Pump: _____ Not installed<br>Manufacturer's name <b>Layne</b><br>Model number <b>12KMH</b> HP <b>100</b> Volts _____<br>Length of drop pipe <b>180</b> ft. capacity <b>400</b> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |
| Fine to coarse sand & med. gravel  |  |                           |                                     | 210   | 225                              | 20. 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>Layne Western Co.</b> <b>102</b><br>Business name _____ License No. _____<br>Address <b>Wichita Kansas</b><br>Signed <b>[Signature]</b> Date <b>2/3/76</b><br>Authorized representative  |
| Med. to coarse sand & gravel   |  |                           |                                     | 225   | 230                              |  |
| Fine to coarse sand & med. gravel  |  |                           |                                     | 230   | 245                              |  |
| Clay<br>(Use a second sheet if needed)   |  |                           |                                     | 245   | 250                              |  |
| 18. Elevation:   |  | 19. Remarks:              |                                     | 20. Water well contractor's certification:  |                                  |  |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley                |  |                           |                                     |   |                                  |  |

31  
 180  
 30  
 C NW  
 1/4  
 1/4  
 1/4  
 1/4

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

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

|  |              |                               |  |  |  |
|--|--------------|-------------------------------|--|--|--|
| 1. Location of well:   | County       | Fraction<br>1/4    1/4    1/4 | Section number   | Township number<br>T                    S                    R | Range number<br>E/W  |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:  |              |                               | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:   |  |  |
| 4. Locate with "X" in section below<br>N<br><br>S<br>1 Mile                                |              |                               | Sketch map:  |  |  |
| 5. Type and color of material  |              |                               | From   | To   | 6. Bore hole dia. _____ in. Completion date _____<br>Well depth _____ ft.  |
| Med. to coarse sand & gravel   |              |                               | 250  | 256  | 7. <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 type="checkbox"/> Reverse rotary  |
| White sandy clay   |              |                               | 256  | 263  | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other  |
| Fine to coarse sand & med. gravel  |              |                               | 263  | 266  | 9. Casing: Material _____ Height: Above or below<br>Threaded _____ Welded _____ Surface _____ in.<br>RMP _____ PVC _____ Weight _____ lbs./ft.<br>Dia. _____ in. to _____ ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. _____  |
| Red shale  |              |                               | 266  | 271  | 10. Screen: Manufacturer's name _____<br>Type _____ Dia. _____<br>Slot/gauze _____ Length _____<br>Set between _____ ft. and _____ ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <input type="checkbox"/> Size range of material _____  |
|  |              |                               |  |  | 11. Static water level: _____ mo./day/yr.<br>_____ ft. below land surface Date _____   |
|  |              |                               |  |  | 12. 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 _____ g.p.m.   |
|  |              |                               |  |  | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____   |
|  |              |                               |  |  | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter _____ Inches above grade   |
|  |              |                               |  |  | 15. Well grouted? _____<br>With: _____ Neat cement _____ Bentonite _____ Concrete _____<br>Depth: From _____ ft. to _____ ft.  |
|  |              |                               |  |  | 16. Nearest source of possible contamination:<br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  |              |                               |  |  | 17. Pump: _____ Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<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 |
|  |              |                               |  |  | (Use a second sheet if needed)   |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley | 19. Remarks: |                               | 20. 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><br>Business name _____ License No. _____<br>Address _____<br>Signed _____ Authorized representative _____ Date _____ |  |  |

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5