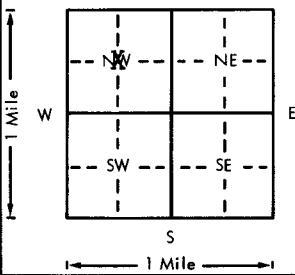


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Meade</b>	Fraction <b>1/4 Center of 1/4 NW 1/4</b>	Section number <b>25</b>	Township number <b>T 32</b>	Range number <b>S R 29 W <del>30</del></b>
2. Distance and direction from nearest town or city: <b>3S on Hwy 23, 4W, 2S, 3W of Meade</b> Street address of well location if in city:			3. Owner of well: <b>Danny Post</b> R.R. or street: <b>Rt. 1</b> City, state, zip code: <b>Dodge City, KS 67801</b>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>28</b> in. Completion date _____ Well depth <b>272</b> ft. <b>2-11-77</b>		
5. Type and color of material			7. <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		
			8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <b>steel</b> Height: <u>Above or below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>16</b> in. to <b>0</b> ft. depth Wall Thickness: inches or Dia. <b>16</b> in. to <b>172</b> ft. depth gage No. <b>188</b>		
			10. Screen: Manufacturer's name _____ <b>W. A. Brown</b> Type <b>Bridge</b> Dia. <b>16"</b> Slot/gauze <b>.188 17%</b> Length <b>40 200'</b> Set between <b>172</b> ft. and <b>372</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 to 5/8</b>		
			11. Static water level: _____ mo./day/yr. <b>125</b> ft. below land surface Date <b>2-11-75</b>		
			12. Pumping level below land surfaces: <b>152</b> ft. after <b>2</b> hrs. pumping <b>900</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>2000</b> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>2-15-77</b>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: ft. <b>1 mile</b> Direction <b>North</b> Type <b>Gas Well</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			17. Pump: _____ Not installed Manufacturer's name <b>Western Land Roller</b> Model number <b>3-5-1100</b> HP _____ Volts _____ Length of drop pipe <b>220</b> ft. capacity <b>750</b> 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		
18. Elevation:			20. 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>Woofter Drilling, Inc. 343</b> Business name _____ License No. _____ Address <b>Hwy. 567 Dodge City, KS</b> Signed <b>Richard Woofter</b> Date <b>2/16/77</b> Authorized representative		
19. Remarks:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

32 29 W 25 Sec 1/4

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

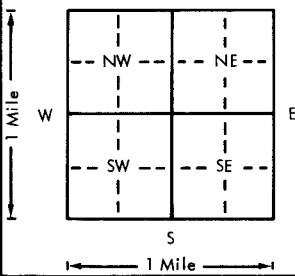
Form WWC-5

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

WATER WELL RECORD  
KSA 82a-1201-1215

Danny Post--Page 2

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

1. Location of well:	County	Fraction 1/4 1/4 1/4	Section number	Township number T S R	Range number E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.		
5. Type and color of material			7. <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		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From To			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
			10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input type="checkbox"/> Size range of material _____		
Blue Clay			152	186	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
Yellow Clay			186	192	
Medium Sand			192	212	12. 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.
Clay & Caliche			212	215	
Clay & Few Sand Streaks			215	224	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Fine Sand			224	233	
Clay			233	234	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
Fine Sand			234	237	
Clay			237	238	15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.
Fine Sand			238	252	
Clay			252	256	16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fine Sand			256	273	
Clay			273	276	17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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
Rock			276	277	
Clay			277	278	
Fine Sand (Use a second sheet if needed)			278	296	
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:				20. 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 _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative

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Form WWC-5

