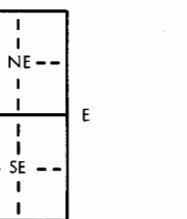


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 NW 1/4 SE 1/4 SW 1/4	Section number <b>16</b>	Township number T <b>33</b>	Range number S <b>R 29</b>	E/W <b>(W)</b>
2. Distance and direction from nearest town or city: <b>8 south and 7 1/2 west of Meade</b> Street address of well location if in city:			3. Owner of well: <b>Broce Construction Co.</b> R.R. or street: City, state, zip code: <b>Dodge City, Ks. 67801</b>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			
5. Type and color of material			From	To		
<b>Top Soil</b>			<b>0</b>	<b>4</b>		
<b>Med. to Lar. Sand</b>			<b>4</b>	<b>27</b>		
<b>Sandy Clay</b>			<b>27</b>	<b>111</b>		
<b>Fine <del>CLAY</del> Sand</b>			<b>111</b>	<b>165</b>		
<b>Blue Clay</b>			<b>165</b>	<b>195</b>		
<b>Blue Clay with sand streaks</b>			<b>195</b>	<b>270</b>		
<b>Med. Sand</b>			<b>270</b>	<b>325</b>		
<b>Clay</b>			<b>325</b>	<b>328</b>		
(Use a second sheet if needed)						
6. Bore hole dia. <b>9 7/8</b> in. Completion date <b>8/23/78</b> Well depth <b>310</b> ft.			7. Cable tool <input checked="" 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 checked="" type="checkbox"/> Other			9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>13</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>23</b> lbs./ft. Dia. <b>5</b> in. to <b>250</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <b>258</b>			
10. Screen: Manufacturer's name <b>Pump-Co</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>fine / 20</b> Length <b>60'</b> Set between <b>250</b> ft. and <b>310</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____			11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date <b>8/23/78</b>			
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>100+</b> g.p.m.			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> Inches above grade			15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to <b>16</b> ft.			
16. Nearest source of possible contamination: <b>None</b> ft. _____ Direction _____ Type _____ <input checked="" type="checkbox"/> Will disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____			17. Pump: <b>Installed</b> Not installed Manufacturer's name <b>Rental Equipment</b> Model number _____ HP <b>5</b> Volts <b>230</b> Length of drop pipe _____ ft. capacity <b>30</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
18. Elevation:			19. Remarks:			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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>Friesen Winnill</b> <b>252</b> Business name <b>Meade, Ks.</b> License No. _____ Address _____ Signed <b>[Signature]</b> Date <b>11-21-78</b> Authorized representative			

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

Form WWC-5