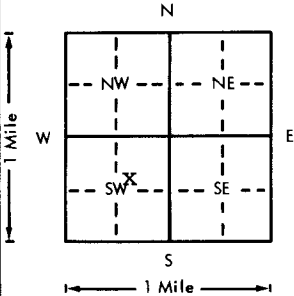


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

Job #15-77-BC-5-8-31

1. Location of well:	County <b>Thomas</b>	Fraction <b>SW 1/4 NE 1/4 SW 1/4</b>	Section number <b>5</b>	Township number <b>T 8 S</b>	Range number <b>R 31 E/W</b>
2. Distance and direction from nearest town or city: <b>From US 383&amp; US 24; 4 E on US 24; 1/2 Nxxxx</b> Street address of well location if in city:			3. Owner of well: <b>Phil Ljungdahl</b> R.R. or street: City, state, zip code: <b>Dodge City, KS 67801</b>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>30</b> in. Completion date <b>2-11-77</b> Well depth <b>287</b> 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 checked="" 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: Above or below <b>xxxxx</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>.188</b> lbs./ft. Dia. <b>16</b> in. to <b>177</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>#7</b>		
			10. Screen: Manufacturer's name <b>Brown</b> Type <b>Regular</b> Dia. <b>16"</b> Slot/gauze <b>10%</b> Length <b>100'</b> Set between <b>177</b> ft. and <b>277</b> ft. <b>10' Cook #277</b> ft. and <b>287</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 x 5/8 30% #1</b>		
			11. Static water level: <b>124</b> ft. below land surface Date <b>2-15-77</b>		
			12. Pumping level below land surfaces: <b>192'</b> ft. after <b>2</b> hrs. pumping <b>1401</b> g.p.m. <b>200</b> ft. after <b>2</b> hrs. pumping <b>2286</b> g.p.m. Estimated maximum yield <b>1401</b> <b>2286</b> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" 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"/> <b>CLAY</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <b>xxxx</b> Depth: From <b>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: ft. <b>4000</b> Direction <b>E</b> Type <b>House</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			17. Pump: Manufacturer's name <b>Floway</b> Model number <b>85103</b> HP <b>150</b> Volts <b>245</b> Length of drop pipe <b>270</b> ft. capacity <b>270</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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks: <b>3046 (TOPO)</b> <b>3046</b> <b>BROCK 291'</b> (Use a second sheet if needed)		
			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>Western Well &amp; Pump</b> 245 Business name License No. Address <b>Box 852 Colby, KS 67701</b> Signed <b>Darryl Bury</b> Date <b>3/17/77</b> Authorized representative		

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

Form WWC-5