

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

DODGE CITY NE

DDD

1. Location of well:		County <u>Ford Hodgeman</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section number <u>34</u>	Township number <u>T 25 24 S</u>	Range number <u>R 25 E/W</u>
2. Distance and direction from nearest town or city: <u>18 miles North of Dodge City, Ks. on the 14th Street Road</u> Street address of well location if in city:			3. Owner of well: <u>O. G. Hill</u> R.R. or street: City, state, zip code: <u>Jetmore, Kansas 67854</u>			
4. Locate with "X" in section below: N		Sketch map:			6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>75</u> ft. <u>7-26-78</u>	
					7. <input type="checkbox"/> 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	
5. Type and color of material		From	To	8. Use: <input checked="" 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		
Top soil & clay		0	15	9. Casing: Material <u>RMP</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>75</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
Clay		15	30	10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/8"</u> Length <u>20</u> ft. Set between <u>55</u> ft. and <u>75</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>4"</u>		
Clay & rock layers		30	45	11. Static water level: _____ mo./day/yr. <u>52</u> ft. below land surface Date <u>7-26-78</u>		
Rock layers, clay & medium sand		45	60	12. Pumping level below land surfaces: <u>55</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.		
Medium sand, loose white rock, clay & blue shale		60	75	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
<u>BRICK ~ 70'</u>				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
<u>52</u> <u>18' sat thick</u>				15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>7</u> ft. to <u>17</u> ft.		
<u>in Og</u>				16. Nearest source of possible contamination: <u>Barn</u> ft. <u>20</u> Direction <u>West</u> Type <u>Yard</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)				17. Pump: _____ Not installed Manufacturer's name <u>Goulds</u> Model number <u>7EH</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>72</u> ft. capacity <u>7</u> 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: <u>has fair drainage to the South & West</u> <u>2526</u> <u>70</u> <u>2456V</u> <u>TOPD</u>			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. <u>Joe's Well Service</u> <u>179</u> Business name License No. Address <u>Box 174 Cimarron, Ks.</u> Signed _____ Date <u>9-26-78</u> Authorized representative		

T 25 24 S
 R 25 E/W
 Sec 34
 1/4 1/4 1/4

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

Form WWC-5