

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

ABC

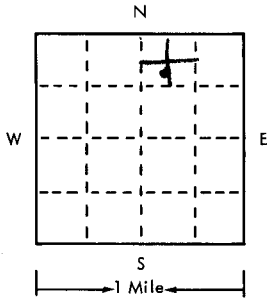
1 Location of well: County **FORD** Township name **ROYAL** From **SW NW NE** Section number **20** Town number **25** Range number **26**

Distance and direction from nearest town or city: **DODGE CITY KAN 7M, west on HWY 50 TO HOWELL**
Street address of well location if in city: **1 3/4 N. 1/2 W. 2 3/4 N. 3/8 W. TO WELL**

3 Owner of well: **FRANK STAUTH JR.**
Address: **RFD 2 DODGE CITY KAN**

Locate with "X" in section below:

Sketch map:



4 Well depth: **185** ft. Date of completion _____
Well diameter **28** in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well _____

7 Casing: Material **STEEL** Height: above/below
Threaded Welded Surface _____ in.
Diam. _____ Weight _____ lbs./ft. _____
16 in. to **185** ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth

2	Type and color of material	From	To
	SURFACE	0	2
	SILTY CLAY	2	42
	CALICHE & CLAY	42	90
	SAND	90	97
	CLAY	97	101
	SAND & GRAVEL	101	107
	CLAY	107	110
	FINE SAND	110	116
	CLAY	116	131
	MED. SAND & GRAVEL	131	177
	CLAY	177	178
	SHALE	178	180
	BROCK 177		
	97		
	80' sat thick		
	in Og		

8 Screen: Manufacturer **WABROWN**
Type **BRIDGE** Dia. **1 1/2**
Slot/gauze **1/8** Length _____
Set between _____ ft. and _____ ft. _____
Fittings: _____
Gravel pack Yes No Size range of material **1/2 DOWN**

9 Static water level: **97** ft. below land surface Date _____

10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **900** g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter _____ inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite **CEMENT**
Depth: From **0** ft. to **10** ft.

14 Nearest source of possible contamination: **NONE**
ft. _____ Direction _____ Type _____
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

Topography: **7000 8671**
 Hill
 Slope
 Upland
 Valley

177
2494

17 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.
JO JOHNSON DRILLING 183
Business name _____ License No. _____
Address **DODGE CITY KAN**
Signed **JO JOHNSON** Date **12-31-75**
Authorized representative

25 26 W 20 CS 1/2 NW NE