

Dillon-south well

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>Edwards</b>	Fraction <b>25' south center</b> <b>NE 1/4</b> 1/4 1/4	Section number <b>10</b>	Township number <b>T 26</b>	Range number <b>S R 19 E/W</b>
2. Distance and direction from nearest town or city: <b>east of Kinsley on 183 hiway</b> Street address of well location if in city:			3. Owner of well: R.R. or street: <b>Ray Dillon Jr.</b> City, state, zip code: <b>Hutchinson, Kansas</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>28</b> in. Completion date _____ Well depth <b>160</b> ft. <b>3-28-78</b>	
		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>metal</b> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>10</b> in. RMP _____ PVC _____ Weight <b>31.66</b> lbs./ft. Dia. <b>16</b> in. to <b>160</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>188</b>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ <b>W. A. Brown</b> Type <b>10% free-flow</b> Dia. <b>16</b> Slot/gouze <b>1/8</b> Length <b>120</b> Set between <b>40</b> ft. and <b>160</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <b>yes</b> Size range of material <b>1/2 down</b>
Surface			0	3	11. Static water level: _____ mo./day/yr. <b>27'</b> ft. below land surface Date <b>9-8-77</b>
Clay			3	15	12. Pumping level below land surfaces: <b>40</b> ft. after <b>1</b> hrs. pumping <b>1700</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>2500</b> g.p.m.
Fine to med. sand and gravel			15	30	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Coarse sand and gravel			30	53	14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ Inches above grade
Fine to half med. sand and gravel			53	71	<input checked="" type="checkbox"/> Well grouted? <b>no</b> With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.
Sand and fine gravel with 30% clay			71	82	16. Nearest source of possible contamination: <b>field</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No
Good med. to coarse sand and gravel			82	104	17. Pump: _____ Not installed Manufacturer's name <b>Goulds</b> Model number <b>12JMO</b> HP <b>60</b> Volts _____ Length of drop pipe <b>100</b> ft. capacity <b>900</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other _____
50% clay-50% sand			104	112	(Use a second sheet if needed)
Coleche clay			112	180	
Good half med. sand with 10% clay			137	156	18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley
Sandy coleche clay			156	176	
Red bed			176	180	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>Ace-Hi International</b> 190 Business name _____ License No. _____ Address <b>Dodge City, Kansas</b> Signed <b>Carl G. Jittel</b> Date <b>3-29</b> Authorized representative

T 26 R 19 S 19 E/W  
 Sec 10  
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5