

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

WATER WELL RECORD
KSA 82a-1201-1215

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

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

CDC
WELL # 2

1 Location of well:		County FORD	Township name DODGE	Range SW 1/4 SE SW	Section number 7	Town number 26	Range number 25
Distance and direction from nearest town or city: 3 MI west DODGE CITY KAN on HWY. 50 2 1/8 N 3/8 EAST				3 Owner of well: LARRY OWENS Address: RT. 2 DODGE CITY KAN.			
Locate with "X" in section below: N W E S 1 Mile		Sketch map:		4 Well depth: 224 ft. Date of completion _____ Well diameter 28 in.			
2 Type and color of material				5 <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			
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____			
				7 Casing: Material STEEL Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ 16 in. to 224 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
				8 Screen: Manufacturer WA BROWN Type BRIDGE Dia. 16 Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
				9 Static water level: 100 ft. below land surface Date _____			
10 Pumping level below land surfaces: 210 ft. after 1 hrs. pumping 700 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 800 g.p.m.				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> CEMENT Depth: From _____ ft. to _____ ft.			
14 Nearest source of possible contamination: ft. 2 MI Direction NW Type ED 40 Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name WLR Model number _____ HP _____ Volts _____ Length of drop pipe 215 ft. capacity 700 g.m.p. 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			
16 Remarks: elevation Topography: in 08 <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley TOPO				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. JOJO HANSON DRILLING CO Business name License No. _____ Address DODGE CITY KAN 183 Signed JoJo Hanson Date _____ Authorized representative			

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

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WELL #2

1 Location of well:		County FORD	Township name DODGE	Fraction SW 1/4	Section number 7	Town number 26	Range number 29
Distance and direction from nearest town or city: 3 MI. WEST OF DODGE CITY ON HWY 50				3 Owner of well: LARRY OWENS			
Street address of well location if in city: 2 1/2 N - 3/8 EAST				Address: RT 2 DODGE CITY KAN			
Locate with "X" in section below:		Sketch map:		<div style="display: flex; justify-content: space-between;"><div>4 Well depth: 224 ft. Date of completion _____ Well diameter 28 in.</div><div>5 <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</div><div>6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____</div><div>7 Casing: Material STEEL Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ 14 in. to 224 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth</div></div>			
<div style="text-align: center;">N W E S 1 Mile</div>							
2	Type and color of material	From	To	<div>8 Screen: Manufacturer WABROW Type BRIDGE Dia. 14 Slot/gauze 3 Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____</div> <div>9 Static water level: 100 ft. below land surface Date _____</div> <div>10 Pumping level below land surfaces: 220 ft. after 1 hrs. pumping 300 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 300 g.p.m.</div> <div>11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____</div> <div>12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade</div> <div>13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> CEMENT Depth: From _____ ft. to _____ ft.</div> <div>14 Nearest source of possible contamination: ft. 3 MI Direction NW Type FECO Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div>15 Pump: <input type="checkbox"/> Not installed Manufacturer's name WLR Model number _____ HP _____ Volts _____ Length of drop pipe 215 ft. capacity 200 g.m.p. 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</div>			
<div style="display: flex;"><div style="flex: 1;">SAND CLAY MED. SAND CLAY GREY SHALE</div><div style="flex: 1; text-align: right;">196 204 204 205 205 224 224 226 226</div></div>							
BROCK 224'							
100'							
124' sat thick							
(use a second sheet if needed)							
16 Remarks: elevation				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 Business name _____ License No. _____ Address DODGE CITY _____ Signed J. Johnson Date _____ Authorized representative			