

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

B

1 Location of well:	County Ford	Township name Dodge	Fraction CE 1/2 NW 1/4	Section number 29	Town number 26	Range number 25
Distance and direction from nearest town or city: 1 1/4 W 1/2 N of Dodge City				3 Owner of well: Dale Eichman		
Street address of well location if in city:				Address: Dodge City, Kansas		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>211</u> ft. Date of completion <u>12-14-74</u> Well diameter <u>26</u> in.		
				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		
2		Type and color of material		From To		7 Casing: Material <u>Meta</u> Height: above/below <u>20"</u> AB Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ <u>16</u> in. to <u>211</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						8 Screen: Manufacturer <u>Free-flo (W.A. Brown)</u> Type <u>10%</u> Dia. <u>16"</u> Slot/gauze <u>1/8 7/8</u> <u>91 to 211</u> Set between <u>91</u> ft. and <u>211</u> ft. <u>70%</u> #1 Fittings: _____ <u>30%</u> 3/8 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
						9 Static water level: <u>75</u> ft. below land surface Date <u>12-14-74</u>
						10 Pumping level below land surfaces: <u>132</u> ft. after <u>3</u> hrs. pumping <u>1119</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1600</u> 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 type="checkbox"/> Inches above grade
						13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.
						14 Nearest source of possible contamination: ft. <u>1800</u> Direction <u>South</u> Type <u>Barn</u> lot Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump set <u>2-14-75</u> Not installed Manufacturer's name <u>Goulds</u> Model number <u>12JIC</u> HP <u>75</u> Volts <u>460</u> Length of drop pipe _____ ft. capacity <u>600</u> 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 <u>Shale</u>						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. Ace-Hi Drilling Co. 190A Business name _____ License No. _____ Address <u>Box 1442 Dodge City, ks</u> Signed <u>Carl G. Little</u> Date <u>2-19-75</u> Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5