

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

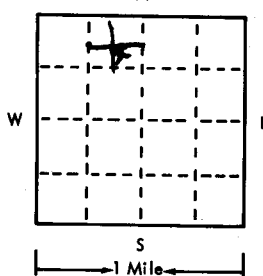
WATER WELL RECORD
KSA 82a-1201-1215

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

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

WELL # 1 B R D

DODGE CITY

1 Location of well:	County FORD	Township name FAIRVIEW	Fraction SE 1/4 NW NW	Section number 13	Town number 26	Range number 26
Distance and direction from nearest town or city: 3 MI. WEST OF DODGE CITY ON HWY 50 - 2 MI. W - 5 MI WEST				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: 244 ft. Date of completion _____ Well diameter 2 1/2 in.		
2				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"/> _____		
Type and color of material				7 Casing: Material STEEL Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ 1 1/2 in. to 2 1/2 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer WAB BROWN Type BRIDGE Dia. 1 1/2 Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
SURFACE				6	3	9 Static water level: 160 ft. below land surface Date _____
CALICHE CLAY & CALICHE				3	78	10 Pumping level below land surfaces: 200 ft. after 1 hrs. pumping 1400 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1400 g.p.m.
FINE SAND				78	82	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
CALICHE CLAY				82	85	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
FINE SAND				85	88	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 10 ft.
CALICHE CLAY				88	89	14 Nearest source of possible contamination: ft. 100 Direction N Type FAIR Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
MED. SAND				89	92	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name W.C.R. Model number _____ HP _____ Volts _____ Length of drop pipe 230 ft. capacity 1400 g.p.m. 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
CLAY				92	107	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. JOHN SON DRILLING CO Business name _____ License No. 183 Address DODGE CITY KAN Signed JOHN SON Date 6-2-75 Authorized representative
FINE SAND MIXED WITH CLAY				107	131	
CLAY				131	134	
FINE SAND & CLAY				134	155	
FINE TO MED. SAND				155	183	
COARSE SAND & GRAVEL & CLAY				183	191	
SAND				191	194	
FINE TO MED SAND & GRAVEL & CLAY				194	226	
COARSE SAND & GRAVEL				226	238	
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley TOPO IN				BROCK 238' 100 138' sat thick 2626 238 2388		

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