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

WATER WELL RECORD KSA 82a-1201-1215 POPOR

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

Topeka, Kansas 66620 ADD Fraction County Section number Township number Range number Location of well: **SE** 1/4 SE 1/4 NE 1/4 14 26 26 Т **x**/W 2. Distance and direction from nearest town or city: 4 miles west, 2 3. Owner of well: Cleve Pogue niles north, 1 west and 2 south of Dodge City R.R. or street: Route #2 City, state, zip code: Dodge City, Kansas 67801 6. Bore hole dia. 8 in. Completion date 4. Locate with "X" in section below: Sketch map: Well depth 270 ft. 3-7-77 ONELL 7. __ Cable tool <u>X</u> Rotary __ Driven __ Dug __ Hollow rod __ Jetted __ Bored __ Reverse rotary 8. Use: X Domestic Public supply Industry W __ Irrigation __ Air conditioning __ Stock __ Lawn __ Oil field water __ Other 9. Casing: Material RMP Height: Above Threaded _____ Welded _____ Surface _____12 DSEWER RMP_____ PVC ______Weight ___ Dia. 5 in. to 270 ft. depth Wall Thickness: inches or Dia. ___ in. to ____ ft. depth gage No. ___250 From 5. Type and color of material 10. Screen: Manufacturer's name _ Sunflower Top soil & clav 15 Туре <u>Р</u>МР 20 ft. Slot/@GXGX.___ _ Length _ Clav Clay & fine sand Gravel pack **YES** Size range of material 11. Static water level: 105 Fine to medium sand 115 ft. below land surface Date 12. Pumping level below land surfaces: 105 Medium to coarse sand ____ ft. after _____ hrs. pumping ___ ft. after _____ hrs. pumping Coarse sand 120 Estimated maximum yield ----13. Water sample submitted: Coarse to fine sand Yes <u>X</u> No Date 150 210 Fine to medium sand 14. Well head completion: X Pitless adapter Inches above grade 210 225 Medium to coarse sand 15. Well grouted? Yes With: X Neat cement ____ Bentonite ____ Concrete 270 225 Depth: From ________ft. to _______ft. 16. Negrest source of possible contamination:
ft. 125 Direction South Type Sewer Coarse sand, clay & blue shale 285 270l Well disinfected upon completion? XX Yes 17. Pump: X Not installed BROCK 265 Manufacturer's name _ Model number _____ Length of drop pipe _ _ ft. capacity ____g.p.m. ____ Submersible ____ Jet _ Reciprocating (Use a second sheet if needed) ____ Centrifugal 18. Elevation: 19. Remarks: 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. Topography: Joe's Well Service __ Hill Business name
Address Box 174 Cimarron, Ks. Slope Signed Authorized representative XX Upland Valley

Forward the white, blue and pink copies to the Department of Health and Environment 7.55

Form WWC-5