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

WATER WELL RECORD KSA 82a-1201-1215



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

Dicenter

County Township name Fraction 1/4 Section number Range number Town number 1 Location of well: \$ SE R #26 W T #26 S #17 Ford Fairview 3 Owner of well: Distance and direction from nearest town or city: Charles Reynolds Address: Route #2
Dodge City, Kansas Street address of well location if in city: in the City of Howell Sketch map: 4 Well depth: 166 ft. Date of completion 6-18-75 Locate with "X" in section below: Well diameter _______ in. 5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Dublic supply Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial Test well . 7 Casing: Material RMP Height: above Threaded Welded Surface 12 in. _ in. to ____ ft. depth 2 Type and color of material From To Manufacturer Sunctioner
Type RMP Top soil & fine sand 0 Slot/gauze 18 Length Set between 160 ft. and 160 ft. Slot/gauze _ 15 Coarse sand Fittings: Gravel pack 🗷 Yes 🗌 No Size range of material Coarse sand & clay 30 9 Static water level:

9 ft, below land surface Date 6-18-75 45 Coarse sand & clay layers 60 10 Pumping level below land surfaces:

51 ft. after 2 hrs. pumping 80 g.p.m. Clay Layers & fine sand 60 120 ____ ft. after ___ ____ ft. after ____ hrs. pumping ___ Estimated maximum yield ______ g.p.m. Medium sand 120 135 11 Water sample submitted: 135 150 Medium to coarse sand Yes INo Date _ Coarse sand 150 (165) 12 Well head completion: 12 Inches above grade X Pitless adapter Clay & blue shale 165 180 13 Well grouted? A Yes ☐ No Neat cement Bentonite Depth: From 4 ft. to 15 ft. 14 Nearest source of possible contamination:
ft. 150 Direction east T Type Sewer system Well disinfected upon completion? TYPES ☐ Not installed Manufacturer's name Fint & Walling
Model number 15BK12 HP 1½ Volts 230
Length of drop pipe 105 ft. capacity 19 g.m.p. Submersible ☐ Turbine ___ Jet Reciprocating (use a second sheet if needed) Certrifugal 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. Topography: JOE'S WELL SERVICE Business name
Address
Box 171 Cimarron Ks

Signed Authorized representative Hill Slope 1010 ■ Upland ☐ Valley

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

Form WWC-5

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