

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

WATER WELL RECORD  
KSA 82a-1201-1215

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

1. Location of well:		County <b>Ford</b>	Fraction <b>SW 1/4 NE 1/4 NW 1/4</b>	Section number <b>5</b>	Township number <b>T 27 S R 24</b>	Range number <b>24</b>
2. Distance and direction from nearest town or city: <b>From Jct. Hwy. 56 &amp; 154 in Dodge City go 2 1/2 East, 3/4 South.</b> Street address of well location if in city:				3. Owner of well: <b>Farmland Industries, Inc.</b> R.R. or street: <b>P. O. Box 1337</b> City, state, zip code: <b>Dodge City, KS 67801</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>28</u> in. Completion date _____ Well depth <u>152</u> ft. <u>1-21-80</u>		
		<b>685.75' South and 1342.3' East of NW corner of NW 1/4 of Sec. 5, T27S, R24W, Ford County, Kansas.</b>		7. <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		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Top soil		0	4	9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>62.58</u> lbs./ft. Dia. <u>16</u> in. to <u>117</u> ft. depth Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth Gauge No. <u>375</u>		
Clay with fine to medium sand streaks		4	92	10. Screen: Manufacturer's name <u>Johnson</u> Type <u>Wire wrap</u> Dia. <u>16"</u> Slot/gauze <u>1/8</u> Length <u>35</u> Set between <u>117</u> ft. and <u>152</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3.5 mm</u>		
Fine to medium coarse gravel with clay streaks		92	108	11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>12-4-79</u>		
Coarse gravel		108	152	12. Pumping level below land surfaces: <u>1040</u> <u>39</u> ft. after <u>1</u> hrs. pumping <u>188</u> g.p.m. <u>72</u> ft. after <u>1 1/2</u> hrs. pumping <u>2300</u> g.p.m. Estimated maximum yield <u>2300</u> g.p.m.		
Yellow shale		152	156	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Black shale		156	160	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>50</u> ft.		
				16. Nearest source of possible contamination: <u>Unknown</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <u>Peerless</u> Not installed Manufacturer's name <u>Peerless</u> Model number <u>214627</u> HP <u>75</u> Volts <u>460</u> Length of drop pipe <u>90</u> ft. capacity <u>1000</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				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. <u>Layne-Western Co., Inc.</u> 102 Business name _____ License No. _____ Address <u>Garden City, KS 67846</u> Sign <u>[Signature]</u> Date <u>1-21-80</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5

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