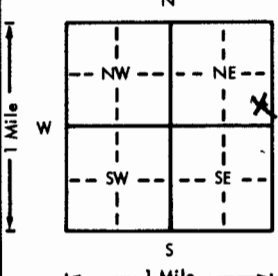


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>SE 1/4 NE 1/4</b>	Section number <b>29</b>	Township number <b>T 27 S</b>	Range number <b>R 24 E/W</b>
2. Distance and direction from nearest town or city: <b>4 S 3 E 1/4 S Dodge City</b>			3. Owner of well: <b>Carl Dowling</b> R.R. or street: <b>2009 Hart</b> City, state, zip code: <b>Dodge City, KS 67801</b>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <b>5 1/2</b> in. Completion date _____ Well depth <b>180</b> ft.	
					7. 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: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other <input type="checkbox"/>	
Surface			0	2	9. Casing: Material <b>ST</b> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>8</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. _____ in. to <b>182</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>188</b>	
Clay			2	34	10. Screen: Manufacturer's name <b>W.A. Brown</b> Type <b>Bridge</b> Dia. <b>16 in</b> Slot/gauze <b>1/8</b> Length _____ Set between <b>102</b> ft. and <b>182</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/2" down</b>	
Drip sand			34	62	11. Static water level: _____ mo./day/yr. <b>93</b> ft. below land surface Date <b>4/3/76</b>	
Clay			62	76	12. Pumping level below land surfaces: <b>121</b> ft. after <b>3</b> hrs. pumping <b>1100</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
Clay & sand			76	80	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Clay & Caliche			80	95	14. Well head completion: _____ Pitless adapter _____ Inches above grade	
med. sand & gravel			95	137	15. Well grouted? <b>yes</b> With: _____ Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>10</b> ft.	
Caliche & Clay			137	144	16. Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
med. sand			144	157	17. Pump: _____ Not installed Manufacturer's name <b>Western Lead Rod</b> Model number _____ HP _____ Volts _____ Length of drop pipe <b>170</b> ft. capacity <b>800</b> g.p.m. Type: _____ _____ Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> _____ Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> _____ Centrifugal <input type="checkbox"/> Other <input type="checkbox"/>	
Clay & Caliche			157	161	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. <b>J.O. Johnson Drilling</b> <b>183</b> Business name _____ License No. _____ Address _____ Signed <b>Janis Alder</b> Date <b>6/76</b> Authorized representative	
Fine sand & Clay			161	162		
med. fine sand			162	177		
Shale			177	180		
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5