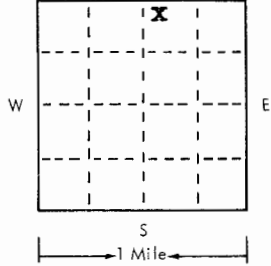


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County FORD	Township name ENTERPRIZE	Fraction NW¹/₄ NE¹/₄	Section number #36	Town number T #27S	Range number R #24W		
Distance and direction from nearest town or city: 3 Miles East and 4 Miles South of Wilroads Garden, Ks. Street address of well location if in city:			3 Owner of well: RICHARD JONES Address: DODGE CITY, KANSAS 67801					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: NW¹/₄ of the NE¹/₄ of Section #36, T #27 S and R #24 W.			4 Well depth: 125 ft. Date of completion 2-27-75 Well diameter 8 in.		
2 Type and color of material			From		To			
			Top Soil & Clay		0		15	
			Clay & Fine Sand		15		30	
			Fine Sand		30		45	
			Fine Sand		45		60	
			Fine to Medium Sand		60		90	
			Coarse Sand		90		105	
			Coarse Sand		105		120	
			Clay		120		125	
			Medium Sand		125		135	
					5 <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary			
			6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		7 Casing: Material RMP Height: above XXXX Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 125 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			
			8 Screen: Manufacturer Sunflower Type RMP Dia. 5" Slot gauge 1/8" Length 20ft. Set between 100 ft. and 120 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1"		9 Static water level: 76 ft. below land surface Date 2-27-75			
			10 Pumping level below land surfaces: None _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
			12 Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____ Depth: From 8 ft. to 18 ft.			
			14 Nearest source of possible contamination: ft. 500 Direction South Type Barn Yard Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
16 Remarks: elevation Well has very good drainage to the South and East Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					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. JOE'S WELL SERVICE 179 Business name _____ License No. _____ Address Box 174 Cimarron, Ks. Signed _____ Date 2-6-75 Authorized representative			

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

Form WWC-5