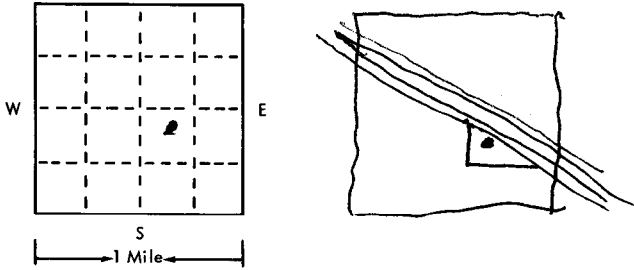


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:	County FORD	Township name ENTERPRISE	Fraction SE 1/4	Section number 10	Town number 27	Range number 24
Distance and direction from nearest town or city: DODGE CITY 3 1/2 M S.E. ON WIL ROADS ROAD Street address of well location if in city: SOUTH SIDE OF ROAD				3 Owner of well: RALPH KIRKPATRICK Address: RFD 3 DODGE CITY KAN		
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: 148 ft. Date of completion _____ Well diameter 2 1/2 in.		
2 Type and color of material				5 <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		
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____		
SURFACE CLAY SAND & GRAVEL CLAY SAND & SOME CLAY LAYERS SAND & GRAVEL GOOD GREY SHALE				7 Casing: Material Steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ 1 1/2 in. to 148 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer WABROWN Type BRIDGE Dia. 1 1/2 Slot/gauze 5 Length 40 Set between 108 ft. and 148 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
SAND & GRAVEL CLAY SAND & SOME CLAY LAYERS SAND & GRAVEL GOOD GREY SHALE				9 Static water level: 20 ft. below land surface Date _____		
				10 Pumping level below land surfaces: 48 ft. after 1 hrs. pumping 1300 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1800 g.p.m.		
SAND & GRAVEL CLAY SAND & SOME CLAY LAYERS SAND & GRAVEL GOOD GREY SHALE				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
SAND & GRAVEL CLAY SAND & SOME CLAY LAYERS SAND & GRAVEL GOOD GREY SHALE				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> CEMENT Depth: From 0 ft. to 12 ft.		
				14 Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SAND & GRAVEL CLAY SAND & SOME CLAY LAYERS SAND & GRAVEL GOOD GREY SHALE				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name WHLR Model number _____ HP _____ Volts _____ Length of drop pipe 70 ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				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. JOJOHNSON DRILLING 183 Business name License No. _____ Address Dodge City Kan Signed J. O. Johnson Date 10-31-75 Authorized representative		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5