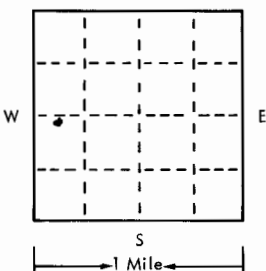


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>FORD</b>	Township name <b>RICHLAND</b>	Fraction <b>SW 1/4</b>	Section number <b>18</b>	Town number <b>27</b>	Range number <b>2S</b>
Distance and direction from nearest town or city: <b>4 M. 14th &amp; Hwy 54 - SW - 1 1/2</b>				3 Owner of well: <b>W R TURLEY</b> Address: <b>2005 6th Av. DODGE CITY KAN.</b>			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <b>237</b> ft. Date of completion _____ Well diameter <b>2 1/2</b> 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"/> _____			
				7 Casing: Material <b>STEEL</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>8</b> in. Diam. _____ Weight _____ lbs./ft. _____ <b>4</b> in. to <b>217</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
				8 Screen: Manufacturer <b>WA BROWN</b> Type <b>BRIDGE</b> Dia. <b>1 1/2</b> Slot/gauze <b>1/2</b> Length _____ Set between <b>417</b> ft. and <b>237</b> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2</b> Down			
				9 Static water level: <b>117</b> ft. below land surface Date _____			
				10 Pumping level below land surfaces: <b>225</b> ft. after <b>1</b> hrs. pumping <b>1200</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1200</b> 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 <input checked="" type="checkbox"/> Inches above grade			
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> CEMENT Depth: From <b>0</b> ft. to <b>10</b> ft.			
				14 Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>W L R</b> Model number _____ HP _____ Volts _____ Length of drop pipe <b>235</b> 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			
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. <b>J O Johnson Drilling 183</b> Business name _____ License No. _____ Address <b>DODGE CITY KAN</b> Signed <b>J O Johnson</b> Date <b>10-31</b> Authorized representative			

27 25W 18 NW 1/4 SW