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	Township name	Fraction	Section number	Town number	Range number
	FORD	RICHLAND	NW ¼	22	27	25

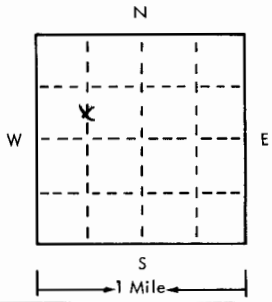
Distance and direction from nearest town or city: 1 SW - 2 3/4 South ½ East of DODGE CITY

Street address of well location if in city:

3 Owner of well: W. D. BRADY

Address: 205 W LAMESA DR. DODGE CITY

Locate with "X" in section below:



Sketch map:

2 Type and color of material	From	To
SURFACE	0	3
BROWN SANDY CLAY	3	85
MED. SAND + FINE GRAVEL	85	108
MED. SAND WITH 20% CLAY	108	118
MED SAND	118	123
BROWN + YELLOW CLAY	123	139
GOOD FINE TO MED. SAND + FINE GRAVEL	139	170
SANDY CLAY	170	177
MED. SAND + FINE GRAVEL - 10% CLAY	177	189
YELLOW CLAY	189	192
GREY SHALE	192	195
(use a second sheet if needed)		

4 Well depth: 193 ft. Date of completion ____
Well diameter 28 in.

5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ ____

7 Casing: Material STEEL Height: above/below
Threaded ☐ Welded ☒ Surface ____ in.
Diam. Weight ____ lbs./ft.
16 in. to 193 ft. depth Drive shoe? ☐ Yes ☐ No
____ in. to ____ ft. depth

8 Screen:
Manufacturer WA BROWN
Type BRIDGE Dia. ____
Slot/gauze 1/8 Length ____
Set between ____ ft. and ____ ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ____

9 Static water level:
100 ft. below land surface Date ____

10 Pumping level below land surfaces:
175 ft. after 1 hrs. pumping 860 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 900 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ____

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☐ Bentonite ☐ ____
Depth: From ____ ft. to 40 ft.

14 Nearest source of possible contamination:
ft. ____ Direction ____ Type ____
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name WESTERN LAND ROLLER
Model number ____ HP ____ Volts ____
Length of drop pipe 180 ft. capacity 800 g.m.p.
Type:
☐ Submersible ☒ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ 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.
JO JOHNSON DRILLING
Business name License No.
Address DODGE CITY 183
Signed J O Johnson Date 5-30-75
Authorized representative

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

Form WWC-5