

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	Township name	Fraction	Section number	Town number	Range number																																						
	FORD	RICHLAND	NE 1/4 of SW 1/4	24	27	25																																						
Distance and direction from nearest town or city: 4 mi S - 1/2 E of DODGE CITY			3 Owner of well: DAVID ROBB																																									
Street address of well location if in city: 1/4 N			Address: RFD 3 DODGE CITY																																									
Locate with "X" in section below: N W E S 1 Mile			Sketch map:		4 Well depth: 164 ft. Date of completion _____ Well diameter _____ in.																																							
<table border="1"><thead><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>0 - 2</td><td>Surface</td><td></td><td></td></tr><tr><td>2 - 27</td><td>Clay</td><td></td><td></td></tr><tr><td>27 - 81</td><td>Fine sand & clay</td><td></td><td></td></tr><tr><td>81 - 109</td><td>med sand & gravel</td><td></td><td></td></tr><tr><td>109 - 121</td><td>med Fine Sand</td><td></td><td></td></tr><tr><td>121 - 135</td><td>med sand & gravel</td><td></td><td></td></tr><tr><td>135 - 161</td><td>Good sand & gravel</td><td></td><td></td></tr><tr><td>161 - 169</td><td>Clay & Caliche</td><td></td><td></td></tr><tr><td colspan="4">(use a second sheet if needed)</td></tr></tbody></table>			2	Type and color of material	From	To	0 - 2	Surface			2 - 27	Clay			27 - 81	Fine sand & clay			81 - 109	med sand & gravel			109 - 121	med Fine Sand			121 - 135	med sand & gravel			135 - 161	Good sand & gravel			161 - 169	Clay & Caliche			(use a second sheet if needed)				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	
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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 STEEL Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 8 in. Diam. 16 Weight _____ lbs./ft. _____ _____ in. to 164 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth																																												
8 Screen: Manufacturer WABROWN Type BRIDGE Dia. 16 in Slot/gauze 1/8 Length 60 ft. Set between 104 ft. and 164 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2 Dams																																												
9 Static water level: 96.7 ft. below land surface Date _____																																												
10 Pumping level below land surfaces: 128 ft. after 1 hrs. pumping 1250 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1600 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"/> 9 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 <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.																																												
14 Nearest source of possible contamination: ft. 2000 Direction S Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																																												
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name AURORA Model number 17A-8 HP 100 Volts _____ Length of drop pipe 150 ft. capacity 1250 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 type="checkbox"/> Upland <input checked="" 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. JO JOHNSON DRILLING Business name License No. _____ Address DODGE CITY 193 Signed JO JOHNSON Date 6-2 Authorized representative																																												