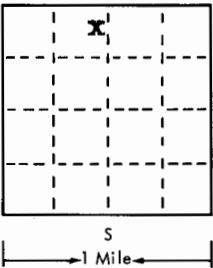


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

27 25 W 25 NE 1/4 NW  
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 Valley</b>	Fraction <b>NE 1/4 NE NW</b>	Section number <b>S #25</b>	Town number <b>T #27 S</b>	Range number <b>R #25 W</b>
Distance and direction from nearest town or city: <b>3 miles South 1/2 mile east of Dodge City on Highway 283</b> Street address of well location if in city:				3 Owner of well: <b>Irene D. Sharp</b> Address: <b>2700 Ave A Dodge City, Kansas</b>		
Locate with "X" in section below: N  W E				Sketch map: <b>NE 1/4 of Section #25 and T #27 S and R #25 W</b>		
2 Type and color of material				From	To	
Top soil & clay				0	15	
Clay				15	30	
"				30	45	
"				45	60	
Clay & fine sand				60	75	
Fine to medium sand				75	90	
Medium sand				90	105	
" "				105	120	
Medium to coarse sand				120	135	
" " "				135	150	
" " "				150	165	
Coarse sand & clay				165	180	
(use a second sheet if needed)						
16 Remarks: elevation  Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				4 Well depth: <b>173</b> ft. Date of completion <b>8-4-75</b> Well diameter <b>8</b> in. 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 <b>RMP</b> Height: above/below <b>12</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>173</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>5</b> in. to <b>173</b> ft. depth 8 Screen: Manufacturer <b>Sunflower</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>20 ft.</b> Set between <b>150</b> ft. and <b>170</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4"</b> 9 Static water level: <b>102</b> ft. below land surface Date <b>8-4-75</b> 10 Pumping level below land surfaces: <b>106</b> ft. after <b>1 1/2</b> hrs. pumping <b>30</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>40</b> g.p.m. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____ 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> 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 <b>10</b> ft. to <b>25</b> ft. 14 Nearest source of possible contamination: <b>Revenye</b> ft. <b>300</b> Direction <b>South</b> Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Flint &amp; Walling</b> Model number <b>10BK09</b> HP <b>1</b> Volts <b>230</b> Length of drop pipe <b>147</b> ft. capacity <b>19</b> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input 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. <b>JOE'S WELL SERVICE</b> <b>179</b> Business name License No. Address <b>Box 174 Cimarron, Ks.</b> Signed <b>Joe's Well Service</b> Date <b>8-27-75</b> Authorized representative		