

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

DCB

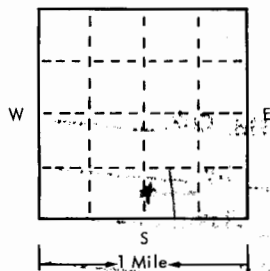
1 Location of well:	County FORD	Township name E 1/2 CONCORD	Range SWSE	Section number 22	Town number 28	Range number 25
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Distance and direction from nearest town or city: **10 M. S. OF DODGE CITY KAN ON 283 1 1/2 WEST**
Street address of well location if in city: **1/4 N.**

3 Owner of well: **ROBERT NEWELL**
Address: **RFD 1 DODGE CITY KAN.**

Locate with "X" in section below:

Sketch map:



2	Type and color of material	From	To
	SURFACE	0	2
	HARD CLAY & CALICHE	2	125
	SAND	125	128
	CLAY & CALICHE	128	139
	SAND & GRAVEL	139	175
	CALICHE	175	176
	MED SAND	176	191
	CLAY & CALICHE	191	206
	MED SAND	206	232
	SAND ROCK	232	234
	CLAY & CALICHE	234	246
	MED FINE SAND	246	272
	HARD YELLOW CLAY	272	279
	SHALE	279	281
	ROCK	272	
	no water level		

16 Remarks: elevation

Topography:

- ☐ Hill
☐ Slope
☒ Upland
☐ Valley

4 Well depth: **273** 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. _____
14 in. to **273** ft. depth Drive shoe? ☐ Yes ☐ No
_____ in. to _____ ft. depth

8 Screen:
Manufacturer **WA BROWN**
Type **BRIDE** Dia. **1 1/2 in**
Slot/gauze **5** Length _____
Set between _____ ft. and _____ ft. _____
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material **1/2** DOWN

9 Static water level:
_____ ft. below land surface Date _____

10 Pumping level below land surfaces:
190 ft. after **1** hrs. pumping **1400** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **1400** 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 ☐ CEMENT
Depth: From **0** ft. to **10** ft.

14 Nearest source of possible contamination:
ft. **2600** Direction **W** Type **HOG**
Well disinfected upon completion? ☐ Yes ☒ No

15 Pump: ☐ Not installed
Manufacturer's name **WLR**
Model number _____ HP **100** Volts **440**
Length of drop pipe **210** ft. capacity **1400** g.p.m.
Type:
☐ Submersible ☒ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ 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.
JO JOHNSON DRILLING 183
Business name License No. _____
Address **DODGE CITY KAN**
Signed **Jo Johnson** Date **10-31**
Authorized representative