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WATER WELL RECORD
KSA 82g-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

WELL No. 2

County GAY	Township name EAST TOWNSHIP	Fraction N 1/4	Section number 1	Town number 28	Range number 27	
Distance and direction from nearest town or city: SOUTH SIDE OF FORO-ENSIGN ROAD 1/4 MILE EAST Street address of well location if in city: ENSIGN KAN. OF MAINE STREET			3 Owner of well: JOE KONECNY Address: 1700-8TH DODGE CITY KAN			
Locate with "X" in section below:		Sketch map:				
<p style="text-align: center;"> -----1 Mile----- </p>						
2 Type and color of material			From	To		
SURFACE			0	2		
CLAY			2	109		
FINE SAND			109	119		
CLAY + SAND LAYERS			119	124		
CLAY			124	131		
CLAY & CALICHE			131	134		
SAND & CLAY LAYERS			134	158		
SAND & GRAVEL			158	166		
CLAY			166	169		
SAND & GRAVEL			169	206		
HARD LAYERS WHITE ROCK			206	208		
SHALE BLACK			208	216		
(use a second sheet if needed)						
16 Remarks: elevation			4 Well depth: 208 ft. Date of completion _____ Well diameter 2 1/2 in. 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 _____ 7 Casing: Material STEEL Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ 1 1/2 in. to 208 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth 8 Screen: Manufacturer WABROWN Type BRIDGE Dia. 1 1/2 Slot/gauze 1/8 Length _____ Set between 148 ft. and 208 ft. _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ 9 Static water level: 150 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: <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 type="checkbox"/> CEMENT Depth: From _____ ft. to _____ ft. 14 Nearest source of possible contamination: ENSI ft. 1500 Direction NE Type DISEASE Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name #YDRO Model number _____ HP _____ Volts _____ Length of drop pipe 205 ft. capacity 1400 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 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. Joe Johnson Drilling 183 Business name License No. Address DODGE CITY KAN. Signed Joe Johnson Date 10-3 Authorized representative			

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

Form WWC-5