

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

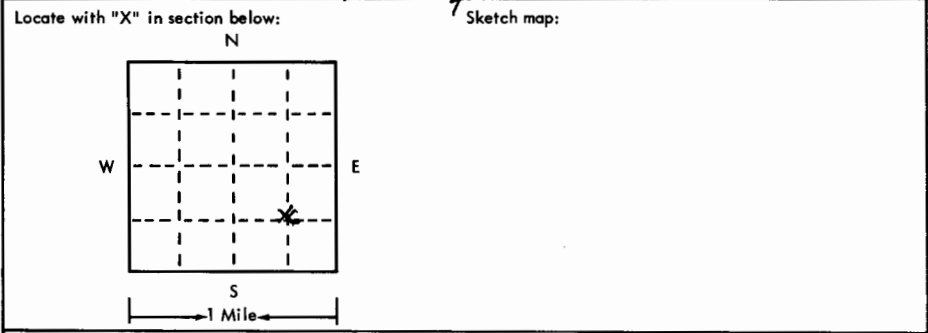
WATER WELL RECORD
KSA 82a-1201-1215

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 **MEADE** Township name **CROCKED CREEK** Fraction **SE 1/4** Section number **13** Town number **30** Range number **28**

Distance and direction from nearest town or city: **FOWLER KAN. - 8 mi. west** **3 NORTH**
Street address of well location if in city: **3 E - 1 N**
3 Owner of well: **HOWARD YOUNG**
Address: **2410 BELL DODGE CITY KAN**



4 Well depth: **306** ft. Date of completion _____
Well diameter **2 1/2** 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. _____
1 1/2 in. to **306** ft. depth! Drive shoe? Yes No
_____ in. to _____ ft. depth!

2	Type and color of material	From	To
	SURFACE	0	2
	CLAY	2	15
	SAND	15	37
	CALICHE, CLAY & SAND LAYERS	37	53
	SAND ROCK LAYERS - CALICHE	53	64
	FINE SAND	64	114
	MED. FINE SAND - RUSTY COLOR	114	132
	BLACK COLOR	132	143
	SAND	143	162
	SAND & CLAY LAYERS	162	166
	MED SAND & GRAVEL	166	180
	CLAY	180	182
	SAND	182	184
	BLACK CLAY	184	203
	MED SAND & GRAVEL	203	246
	ROCK LAYERS & CLAY	246	252

8 Screen:
Manufacturer **WABROWN**
Type **BRIDGE** Dia. **1 1/2**
Slot/gauze **1/8** Length **200**
Set between **106** ft. and **306** ft. _____
Fittings:
Gravel pack Yes No Size range of material _____

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

10 Pumping level below land surfaces:
120 ft. after **1** hrs. pumping **1150** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **2000** 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 **10** ft.

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

15 Pump: Not installed
Manufacturer's name **LANE BOWLER**
Model number _____ HP _____ Volts _____
Length of drop pipe **160** ft. capacity **650** g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal 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.
JOJOHNSON DRILLING
Business name License No. _____
Address **DODGE CITY KAN 183**
Signed **J. O. Johnson** Date **6-2-75**
Authorized representative

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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:20%;">To</th> </tr> <tr> <td>MED. SAND + GRAVEL</td> <td>252</td> <td>273</td> </tr> <tr> <td>HARD LAYER</td> <td>273</td> <td>274</td> </tr> <tr> <td>MED. 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Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth! Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth!</td> </tr> <tr> <td colspan="3">8 Screen: Manufacturer WABROWN Type BRIDGE Dia. _____ Slot/gauze 1/2 Length _____ Set between _____ ft. and _____ ft. 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Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

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