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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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
	Sheridan		NW¼SW¼SW¼	13	7	27

Distance and direction from nearest town or city: 5N 8½ E ⅛N

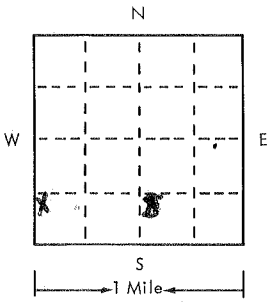
Street address of well location if in city: Hoxie KS.

3 Owner of well: Darryll Johnson

Address: Hoxie Kansas

Locate with "X" in section below:

Sketch map:



2 Type and color of material	From	To
Top Soil	0	95
Fine Sand Med Gravel Strength Sandy clay	95	115
" "	115	125
" " Strength Sand Stone	125	135
" " (Brown Colored)	135	155
" " " "	155	165
" " Sandy clay " "	165	175
" Med Gravel " Strength Sand Stone	175	195
" " " Brown Color	195	205
Ochre Shale	205	215
(use a second sheet if needed)		

4 Well depth: 205 ft. Date of completion 8-14-75
Well diameter ~~12¾~~ in 20

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 12 in.
Diam. 12¾ Weight 33 lbs./ft. 1
0 in. to 205 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

8 Screen:
Manufacturer W.A. Brown
Type Louver Dia. 12¾
Slot/gauze 7/8 Length 40
Set between 165 ft. and 205 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4 x 5/8

9 Static water level:
120 ft. below land surface Date 7-18-75

10 Pumping level below land surfaces:
200 ft. after 4 hrs. pumping 1000 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 1000 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion:
☐ Pitless adapter 12 Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. _____ Direction _____ Type None
Well disinfected upon completion? ☐ Yes ☒ No

15 Pump: ☐ Not installed
Manufacturer's name HYDRO
Model number 5X12 HP 50 Volts ___
Length of drop pipe 190 ft. capacity 1000 g.m.p.
Type:
☐ Submersible ☒ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ 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.
Blue Jay Drilling Inc 214
Business name License No.
Address Colby Kan
Signed Marilyn Reed Date 8-20-75
Authorized representative

T 27W 13 NWSWSW

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

Form WWC-5