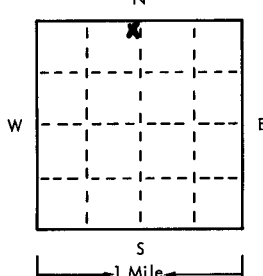


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 FORD	Township name Dodge	Fraction NE 1/4 NE 1/4 NW 1/4	Section number 34	Town number 26	Range number 25
Distance and direction from nearest town or city: IN Dodge City 2. miles			3 Owner of well: Cleo Bartholomew			
Street address of well location if in city: Hollywood AORN			Address: Rt 2 Dodge City KS			
Locate with "X" in section below: 			Sketch map:			4 Well depth: 130 ft. Date of completion 9/1/75 Well diameter 8 in.
2 Type and color of material			From	To	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	
			0 4		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	
			4 16		7 Casing: Material Roe Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 5 in. Diam. 5 in. to 130 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			16 31		8 Screen: Manufacturer hess & lowen Type Roe Dia. 5 Slot/gauze 3 Length 3 Set between 100 ft. and 130 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2	
			31 97		9 Static water level: 30 ft. below land surface Date 9/1/75	
GRAVEL			97 130		10 Pumping level below land surfaces: NA ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
CLAY					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
GRAVEL					12 Well head completion: <input type="checkbox"/> Pitless adapter 20 4 inches above grade	
BROCK 130'					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 0 ft. to 13 ft.	
100' sat here					14 Nearest source of possible contamination: sewage ft. 100 Direction SW Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
in of					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(use a second sheet if needed)					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. Cragg Well Drilling, Inc. Business name ____ License No. ____ Address Rt 1 Dodge City KS Signed Randy Cragg Date 9/1/75 Authorized representative	
16 Remarks: elevation owner will complete well Topography: <input type="checkbox"/> Hill Level <input type="checkbox"/> Slope 2492 <input type="checkbox"/> Upland 130 <input type="checkbox"/> Valley 2362						

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

Form WWC-5