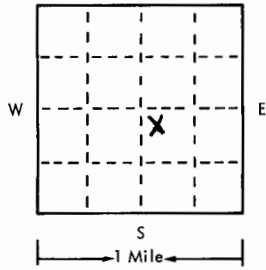


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 GRAND View	Fraction NW 1/4 NW 1/4 SE 1/4	Section number 2	Town number 27	Range number 24		
Distance and direction from nearest town or city: 3 miles East Fort Dodge			3 Owner of well: HISTORICAL SOCIETY					
Street address of well location if in city:			Address: DODGE CITY KS					
Locate with "X" in section below: 			Sketch map:			4 Well depth: 150 ft. Date of completion: 10/20/25 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			
			Soil		0	7	6 Use: <input checked="" type="checkbox"/> Domestic <input checked="" 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	
			Clay		7	95	7 Casing: Material: PVC Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. 6 1/2 in. Weight 25 lbs./ft. 5 in. to 120 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
			Rock		95	99	8 Screen: Manufacturer Jess & Lowrie Type PVC Dia. 5 10 gauze 1/16 Length 3 Set between 120 ft. and 150 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8	
			Gravel		99	145	9 Static water level: 37 ft. below land surface Date 10/20/25	
Shale		145	150	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.				
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
					12 Well head completion: <input type="checkbox"/> Pitless adapter 24 inches above grade			
					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 15 ft.			
					14 Nearest source of possible contamination: N/A ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
					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			
16 Remarks: elevation			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 DRILLING 111 Business name _____ License No. _____ Address RT 1 BOX Signed Stanley Date 10/20/25 Authorized representative					

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

Form WWC-5