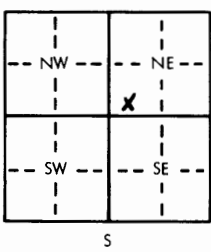
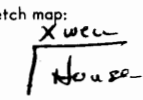


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82g-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

County <b>Ford</b>		Fraction <b>SW 1/4 SW 1/4 NE 1/4</b>		Section number <b>3</b>		Township number <b>T 27 S R 24 E/W</b>	
2. Distance and direction from nearest town or city: <b>5 miles east of Dodge City @ Wilroads Gardens</b> Street address of well location if in city:				3. Owner of well: <b>Harold Wetzel</b> R.R. or street: <b>Happy HomeTrailer Court</b> City, state, zip code: <b>Dodge City, Ks 67801</b>			
4. Locate with "X" in section below: <div style="text-align: center;"></div>				Sketch map:  <b>x septic</b>			
5. Type and color of material				From	To		6. Bore hole dia. <b>8</b> in. Completion date <b>9-9-78</b> Well depth <b>140</b> ft.
Topsoil				0	3		7. <input checked="" 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
Sandy clay				3	15		8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Gravel				15	30		9. Casing: Material <b>Plastic</b> Height: Above <b>18</b> ft. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <b>Glue</b> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>120</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>250</b>
Gravel & clay				30	45		10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>Plastic</b> Dia. <b>5"</b> Slot/gauge <b>1/4</b> Length <b>20</b> Set between <b>120</b> ft. and <b>140</b> ft. ft. and <input type="checkbox"/> ft.
Clay				45	95		11. Static water level: <b>n/a</b> mo./day/yr. <b>30</b> ft. below land surface Date <b>9-9-78</b>
Tight gravel & clay				95	120		12. Pumping level below land surfaces: <b>n/a</b> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.
Gravel				120	150		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
							14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>16</b> Inches above grade
							15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.
							16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>S</b> Type <b>septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
							17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Dempster</b> Model number <b>HF375S2</b> HP <b>3/4</b> Volts <input type="checkbox"/> Length of drop pipe <b>105</b> ft. capacity <input type="checkbox"/> g.p.m. Type: <input checked="" 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)							20. 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. <b>Cragg Well Drilling 111</b> Business name <b>Dodge City, Ks 67801</b> License No. <b>9-9-78</b> Address <b>Ray Ph...</b> Date <b>9-9-78</b> Signed <b>Ray Ph...</b> Authorized representative
18. Elevation: <b>Level</b> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks:					

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5