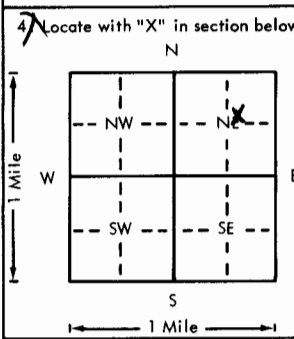
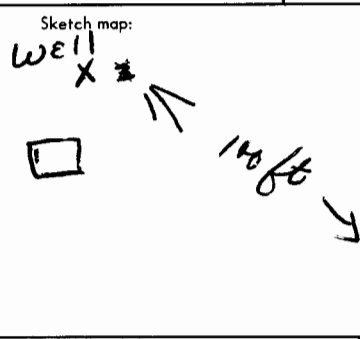


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

X Location of well:		County <b>Ford</b>	Fraction <b>SW 1/4 NE 1/4 NE 1/4</b>	Section number <b>13</b>	Township number T <b>27</b> S R <b>24</b> E/W <b>(N)</b>	Range number
2. Distance and direction from nearest town or city: <b>6 mi. east Dodge City</b>			3. Owner of well: <b>Aaron Estabrook</b> R.R. or street: <b>Wilroads Gardens</b> City, state, zip code: <b>Dodge City, Ks 67801</b>			
4. Locate with "X" in section below: 			Sketch map: 			6. Bore hole dia. <b>8</b> in. Completion date <b>5-25-78</b> Well depth <b>120</b> ft.
5. Type and color of material			From		To	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
						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
						9. Casing: Material <b>Plastic</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <b>glue</b> Weight <b>250</b> lbs./ft. Dia. <b>5</b> in. to <b>18.5</b> depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>120</b> depth gage No. <b>250</b>
						10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>Plastic</b> Dia. <b>5</b> Slot/gauge <b>30</b> Length <b>30</b> Set between <b>90</b> ft. and <b>120</b> ft. ft. and <b>120</b> ft. Gravel pack? <b>yes</b> Size range of material <b>1/4</b>
						11. Static water level: <b>20</b> ft. below land surface Date <b>5/22/78</b> mo./day/yr.
					12. Pumping level below land surfaces: <b>N/A</b> ft. after <b>0</b> hrs. pumping <b>0</b> g.p.m. ft. after <b>0</b> hrs. pumping <b>0</b> g.p.m. Estimated maximum yield <b>0</b> g.p.m.	
					13. Water sample submitted: <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <b>5/22/78</b> mo./day/yr.	
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>18</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>2</b> ft. to <b>13</b> ft.	
					16. Nearest source of possible contamination: ft. <b>0</b> Direction <b>0</b> Type <b>0</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <b>0</b> Model number <b>0</b> HP <b>0</b> Volts <b>0</b> Length of drop pipe <b>0</b> ft. capacity <b>0</b> 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	
					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 License No. Address <b>1308 So Second Dodge City</b> Signed <b>Larry Cragg</b> Date <b>5/22/78</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: <b>in 01</b> <b>BROCK 120</b> <b>10' sat</b> <b>1429</b>				

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

Form WWC-5