

1. Location of well:	County FORD	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 13	Township number T 28	Range number S R 24
2. Distance and direction from nearest town or city: Street address of well location if in city:	5 South of Dodge City East 43 South		3. Owner of well: Jerry Hager R.R. or street: City, state, zip code: Ford, KS		
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W E 1 Mile S Sketch map: 5 South of Dodge City 6 miles East. 3 South</div>			6. Bore hole dia. 30 in. Completion date _____ Well depth 245 ft.		
5. Type and color of material			7. Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored <input checked="" type="checkbox"/> Reverse rotary		
			8. Use: Domestic _____ Public supply _____ Industry _____ <input checked="" type="checkbox"/> Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other _____		
			9. Casing: Material IRIN Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface 8 in. RMP _____ PVC _____ Weight 37 lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gauge No. 188		
			10. Screen: Manufacturer's name OARR METAL Type Sun Dia. _____ Slot/gauze 7/16" Length 60 Set between 180 ft. and 245 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 1/8		
			11. Static water level: _____ mo./day/yr. 140 ft. below land surface Date 5-18-77		
			12. Pumping level below land surfaces: 200 ft. after 1 hrs. pumping 750 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
			14. Well head completion: _____ Pitless adapter 8 Inches above grade		
			15. Well grouted? YES With: Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete _____ Depth: From 0 ft. to 10 ft.		
			16. Nearest source of possible contamination: none ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No _____		
			17. Pump Gould Not installed Manufacturer's name Goulds mfg Model number _____ HP 100 Volts _____ Length of drop pipe 230 ft. capacity 750 g.p.m. Type: _____ Submersible <input checked="" type="checkbox"/> Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____		
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		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. Dennis A. Kelly & Co. 217 Business name License No. _____ Address _____ Signed _____ Date _____ Authorized representative		