

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

HORSE THIEF CANYON NF

WATER WELL RECORD  
KSA 82a-1201-1215

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

DDC

1. Location of well:		County <b>HODGEMAN</b>	Fraction <b>SW 1/4 SE 1/4 SE 1/4</b>	Section number <b>10</b>	Township number <b>T 21</b>	Range number <b>S R 25</b>	<b>E W</b>
2. Distance and direction from nearest town or city: <b>12 mi. north</b> <b>8 MI WEST FROM JETMORE</b>				3. Owner of well: <b>J.D. NUSS</b> R.R. or street: <b>JETMORE KANSAS <del>XXXXX</del> 67854</b> City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>9/1/78</b> Well depth <b>58</b> ft.			
				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			
5. Type and color of material		From	To	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			
TOPSOIL		0	3	9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>20</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>38</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>			
brown clay		3	27	10. Screen: Manufacturer's name <b>JET STREAM</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>20'</b> Set between <b>38</b> ft. and <b>58</b> ft. ft. and _____ ft.			
dark brown clay		27	43	Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <b>#1</b>			
blue clay		43	47	11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>8/25/78</b>			
blue sand		47	54	12. Pumping level below land surfaces: <b>49</b> ft. after <b>24</b> hrs. pumping <b>12</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50 plus</b> g.p.m.			
black shale		(54)		13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>8/23/78</b>			
<b>BIROCK 54'</b>				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>20</b> inches above grade			
<b>30</b>				15. Well grouted? <input checked="" type="checkbox"/> YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>15</b> ft.			
<b>24' sat truck</b>				16. Nearest source of possible contamination: _____ septic ft. <b>160</b> Direction <b>NW</b> Tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>in Alluvium</b>				17. Pump: _____ Not installed Manufacturer's name <b>REDA</b> Model number <b>9D9P051</b> HP $\frac{1}{8}$ Volt <b>220</b> Length of drop pipe <b>53</b> ft. capacity <b>12</b> 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)							
18. Elevation:	19. Remarks: <b>REF # 13: WATER SAMPLES SENT TO SERVI-TECH AT DODGE CITY GOOD WATER</b>			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>DEAN WATERHOUSE DRILLING 243</b> Business name License No. _____ Address <b>HANSTON, KANSAS 67849</b> Signed <b>Dean Waterhouse</b> Date <b>9/1/78</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	<b>2300</b> <b>51</b> <b>7246</b>						

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

Form WWC-5