

# HORSE THIEF CANNON NE

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

CMA

1. Location of well:		County <b>Hodgeman</b>	Fraction <b>NE 1/4 SE 1/4 SW 1/4</b>	Section number <b>I6</b>	Township number <b>T 21 S</b>	Range number <b>R 25 E W</b>
2. Distance and direction from nearest town or city: <b>IOW, 9N</b> Street address of well location if in city: <b>Of Jetmore</b>				3. Owner of well: <b>C. W. Patchen</b> R.R. or street: City, state, zip code: <b>Jetmore, Kansas 67854</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>67</u> ft. <u>8-11-76</u>		
				7. <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		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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	4	9. Casing: Material <u>Steel</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31</u> lbs./ft. Dia. <u>6</u> in. to <u>47</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>3/I6</u>		
Clay		4	4I	10. Screen: Manufacturer's name <u>Doerr Meta</u> Type <u>Gravel Guard</u> Dia. <u>I6</u> Slot/gauze <u>I/8</u> Length <u>20</u> Set between <u>47</u> ft. and <u>67</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/2</u>		
Sand		4I	5I	11. Static water level: _____ mo./day/yr. <u>30.6</u> ft. below land surface Date <u>7-22-76</u>		
Blay		5I	52	12. Pumping level below land surfaces: <u>35</u> ft. after <u>I</u> hrs. pumping <u>400</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>450</u> g.p.m.		
Sand blue		52	65	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Shale		65	70	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>I2</u> inches above grade		
BROCK 65' RR 30.5 34.5' sat thick				15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
in Alluvium				16. Nearest source of possible contamination: ft. <u>700</u> Direction <u>W</u> Type <u>Well</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Western Land Roll</u> Model number <u>076672</u> HP <u>15</u> Volts <u>480</u> Length of drap pipe <u>60</u> ft. capacity <u>375</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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. <u>Knoefler Bros. Drilling</u> Business name _____ License No. <u>130</u> Address <u>Jetmore,</u> Signed <u>Dale Knoefler</u> Date <u>8-24-76</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<b>2324 (TOPO)</b> <b>65</b> <b>2259 v</b>				

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

Form WWC-5

21-2-50-16  
 Sec 16  
 NE SE SW  
 1/4 1/4 1/4