

HORSE THIEF CANYON 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

ACC

1. Location of well:	County Hodgeman	Fraction SW 1/4 SW 1/4 NE 1/4	Section number 33	Township number T 21 S R 25	Range number 25	(EW)		
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:					
2. Distance and direction from nearest town or city: 8W, 6N, 1W, 1/2N of Jetmore,			3. Owner of well: Francis Sinclair Jetmore, Kansas 67854					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>32</u> ft. <u>5-19-78</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 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		2		9. Casing: Material <u>pits</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>20</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
Clay		2		24		10. Screen: Manufacturer's name <u>Sunflower</u> <u>Plastics Pipe, Inc.</u> Type <u>RMP</u> Dia. <u>5 in</u> Slot gauge <u>.06</u> Length <u>12 ft</u> Set between <u>20</u> ft. and <u>32</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1-1/8</u>		
Sand		24		32		11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>5-16-78</u>		
<u>BRock 32'</u>						12. Pumping level below land surfaces: <u>25</u> ft. after <u>2</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.		
<u>20</u>						13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
<u>12' sat thick</u>						14. Well head completion: <u>18</u> inches <u>above</u> grade <input checked="" type="checkbox"/> Pitless adapter _____		
<u>in Alluvium</u>						15. Well grouted? <u>Yes</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>15</u> ft. to <u>3</u> ft.		
						16. Nearest source of possible contamination: <u>stock</u> ft. <u>500</u> Direction <u>E</u> Type <u>Well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
						17. Pump: _____ Not installed Manufacturer's name <u>Aeromotor</u> Model number <u>SD1250</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>30</u> ft. capacity <u>12</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ 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. Knoefler Bros. Drilling Business name _____ License No. _____ Address <u>Jetmore,</u> _____ 130 Signed <u>Dale Knoefler</u> Date <u>6-12-78</u> Authorized representative		
18. Elevation:		19. Remarks:						
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		Concrete slab was installed <u>2440</u> <u>32</u> <u>2400</u>						

21 25 33 SW NE NE
1/4 1/4 1/4 1/4

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

Form WWC-5