

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

CCC

1. Location of well:		County <b>Hodgeman</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>21</b>	Township number <b>T 22 S R 24</b>	Range number <b>24</b>
2. Distance and direction from nearest town or city: <b>3W, 2N, 1W</b> Street address of well location if in city: <b>Of Jetmore</b>				3. Owner of well: <b>Bill McKibbin</b> R.R. or street: City, state, zip code: <b>Jetmore, Ks. 67854</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. _____ in. Completion date _____ Well depth <b>385</b> ft. <b>8-18-77</b>		
				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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <b>steel</b> Height: <b>Above</b> or below Threaded <input checked="" type="checkbox"/> Welded _____ Surface <b>12</b> in. RMP _____ PVC _____ Weight <b>11</b> lbs./ft. Dia. <b>4 1/2</b> in. to <b>325</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
				10. Screen: Manufacturer's name <b>Doerr Metal</b> Type _____ Dia. <b>4 1/2</b> <input checked="" type="checkbox"/> Slotted gauze <b>(1/16)</b> Length <b>60</b> Set between <b>325</b> ft. and <b>385</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>1/4 - 1/8</b> ft.		
<b>Topsoil</b>		<b>0</b>	<b>4</b>	11. Static water level: _____ mo./day/yr. <b>291</b> ft. below land surface Date <b>8-16-77</b>		
<b>Yellow clay</b>		<b>4</b>	<b>30</b>	12. Pumping level below land surfaces: <b>300</b> ft. after <b>3</b> hrs. pumping <b>10</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>25</b> g.p.m.		
<b>Blue shale</b>		<b>30</b>	<b>240</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<b>White clay</b>		<b>240</b>	<b>310</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
<b>Sand rock</b>		<b>310</b>	<b>375</b>	15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.		
<b>White clay</b>		<b>375</b>	<b>385</b>	16. Nearest source of possible contamination: ft. _____ Direction <b>none</b> Yes _____ No _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
				17. Pump: _____ Not installed Manufacturer's name <b>Aermotor Windmill</b> Model number _____ HP _____ Volts _____ Length of drop pipe <b>360</b> ft. capacity <b>4</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 checked="" 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>Knoefler Bros. Drig.</b> Business name _____ License No. _____ Address <b>Jetmore, Kansas 67854</b> Signed <b>Dale Knoefler</b> Date <b>8-30-77</b> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>Concrete slab was installed</b> <b>TOPD ? 465</b> <b>30</b> <b>2435</b>				

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

Form WWC-5

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