

HORSE THIEF CANYON NE

T R EW sec 1/4 1/4 1/4 No.

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

KS
WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

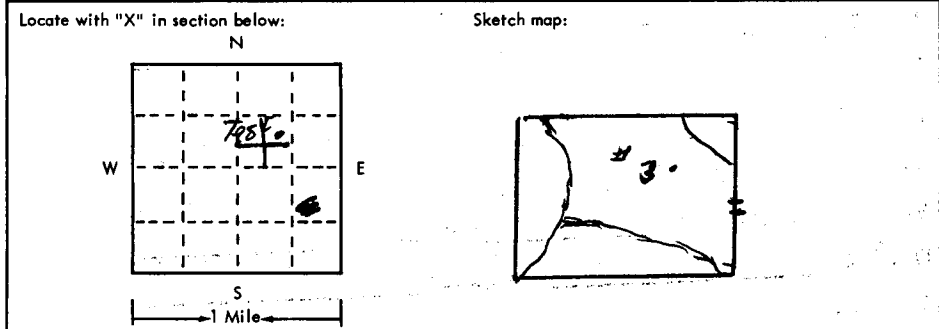
ACA

1 Location of well:	County Hodgeman	Township name Hallet	Section number 12	Town number 22	Range number 25
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Distance and direction from nearest town or city: **4 1/2 miles North 6 miles West**

Street address of well location if in city: _____

3 Owner of well: **Wayne, Shriwise**
Address: **Jetmore, Kansas**



4 Well depth: **61** ft. Date of completion **11-25-75**
Well diameter **4 1/2** in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well _____

7 Casing: Material _____ Height: above/below _____
Threaded Welded Surface _____ in.
Diam. _____ Weight _____ lbs./ft. _____
_____ in. to _____ ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth

2	Type and color of material	From	To
	Black Loam	0	10
	yellow clay	10	18
	Fine sand	18	20
	yellow clay	20	58
	shale	58	61
	BROCK 20'?		
	0 set-back		
	in Alluvium		

8 Screen:
Manufacturer _____
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between _____ ft. and _____ ft. _____
Fittings:
Gravel pack Yes No Size range of material _____

9 Static water level: **Dry Hole**
_____ ft. below land surface Date _____

10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield _____ g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From **0** ft. to **10** ft.

14 Nearest source of possible contamination:
ft. _____ Direction _____ Type **None**
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

Dry Hole

2429
20
2409

Topography:
 Hill
 Slope
 Upland
 Valley **TOPO**

17 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.
Robert, Halling-Drill + Well Serv
Business name _____ License No. _____
Address **Hampston, Kansas 238A**
Signed **Robert Halling** Date **11-25-75**
Authorized representative

22 25 W 12 NE SW NE