

HORSE TEEF CANYON NE

K5

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

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

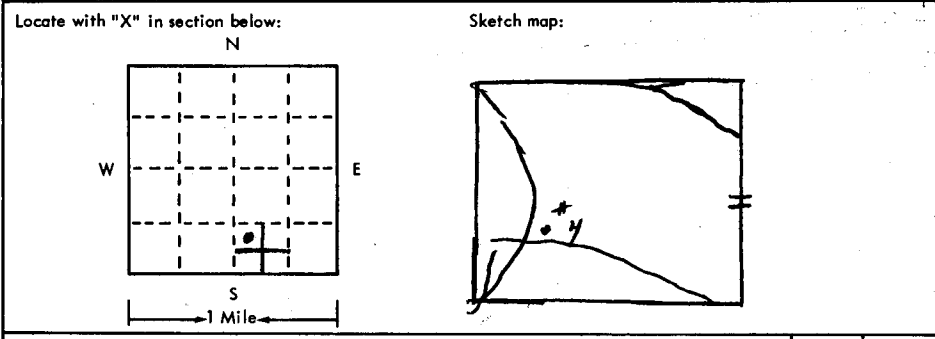
WATER WELL RECORD
KSA 82a-1201-1215

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

DCA

1 Location of well:	County Hodgeman	Township name Hallet	Range N-E-1/4	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	3 Owner of well: Wayne Shrivise
Street address of well location if in city: 6 miles west	Address: Jetmore, Kansas



4 Well depth: 24 ft. Date of completion 11-25-75 Well diameter 4 1/2 in.
5 <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
6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Test well <input type="checkbox"/> _____
7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth

2 Type and color of material	From	To
Black loam	0	12
yellow clay	12	18
SAND	18	20
Blue clay	(20)	24
Shale	24	
BRock 20' R.P.		
CRETACEOUS WELL		

(use a second sheet if needed)

8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
9 Static water level: 24 ft. below land surface Date 11-25-75
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.
14 Nearest source of possible contamination: ft. _____ Direction _____ Type None Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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 type="checkbox"/> Other

16 Remarks: elevation

Dry Hole

2460
20
2440 ✓

Topography:
 Hill
 Slope
 Upland
 Valley **TOPD**

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 **Hopst on Kansas-238A**
Signed **Robert Halling** date **11-25-75**
Authorized representative

22 25W 12 NW SW SE