

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

HORSE THIEF CANYON NW

Sent 10/16/75

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

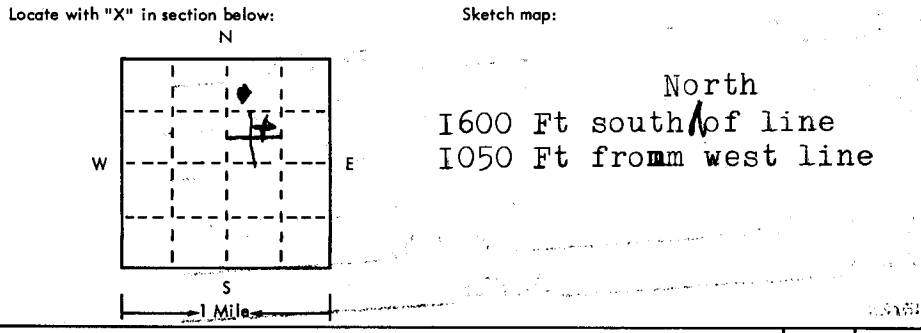
WATER WELL RECORD
KSA 82a-1201-1215

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

ACA

1 Location of well:	County Hodgeman	Township name North Roscoe NE 1/4	From NE SW NE	Section number 8	Town number 22	Range number 26 W
---------------------	--------------------	--------------------------------------	--------------------------	---------------------	-------------------	----------------------

Distance and direction from nearest town or city: Street address of well location if in city:	21 Miles NW of Jetmore	3 Owner of well: Address:	Howard Neeley Jetmore, Kansas 67854
--	---------------------------	------------------------------	--



4 Well depth: <u>67 1/2</u> ft. Date of completion <u>Aug</u> Well diameter <u>26</u> 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 checked="" 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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
7 Casing: Material <u>Steel</u> Weight: above/below Threading: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> Weight <u>70</u> lbs./ft. <u>16</u> in. to <u>67 1/2</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth

2	Type and color of material	From	To
	Sand	50	67
	<u>BROCK 67'</u>		
	<u>24</u>		
	<u>43' sat thick</u>		
	<u>in Alluvium</u>		

8 Screen: Manufacturer <u>Doerr Metal</u> Type <u>Gravel Guard</u> <u>16</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>47</u> ft. and <u>67</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>4 to 10</u> I
9 Static water level: <u>24</u> ft. below land surface Date <u>aug</u>
10 Pumping level below land surfaces: <u>50</u> ft. after <u>8</u> hrs. pumping <u>300</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>350</u> g.p.m.
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>
12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u> </u> Depth: From <u>12</u> ft. to <u>0</u> ft.
14 Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Western Land Roller</u> Model number <u> </u> HP <u>1 1/2</u> Volts <u>220</u> Length of drop pipe <u>60</u> ft. capacity <u>300</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

16 Remarks: elevation

Topography:
 Hill
 Slope
 Upland
 Valley TOPO

2424
67
2357

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.
Knoefler Bros. 130A
Business name Jetmore, Kansas License No. 54
Address
Signed Les Knoefler Date aug 90
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

22 26 W 8 NE SW NE