

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

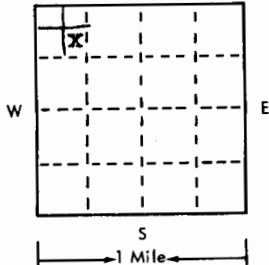
HORSE TAIL CANYON

WATER WELL RECORD  
KSA 82a-1201-1215

B B C

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

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

1 Location of well:	County <b>Hodgeman</b>	Township name <b>Halle</b>	Section number <b>21</b>	Town number <b>T-23-S</b>	Range number <b>R-25-W</b>
Distance and direction from nearest town or city: <b>9 mi. west-3 south of Jetmore</b>			3 Owner of well: <b>Cleon Carder</b>		
Street address of well location if in city:			Address: <b>Dodge City, Kansas</b>		
Locate with "X" in section below: 			Sketch map:		
2 Type and color of material			4 Well depth: <b>508</b> ft. Date of completion: <b>4-16-75</b> Well diameter: <b>26</b> in.		
Surface			5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
Caleche clay			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		
Caleche clay with sandrock mixed			7 Casing: Material <b>Metal</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>16</b> in. Weight <b>16</b> lbs./ft. <b>16</b> in. to <b>508</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Gray shale with rock layers			8 Screen: <b>Free-flo (W.A. Brown)</b> Manufacturer <b>10%</b> Dia. <b>16</b> Type <b>1/8</b> Length <b>2"</b> Slot/gauze <b>311</b> ft. and <b>506</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2</b>		
Gray and blue shale			9 Static water level: <b>255</b> ft. below land surface Date <b>3-24-75</b>		
Gray shale with rock layers			10 Pumping level below land surfaces: <b>305</b> ft. after <b>4</b> hrs. pumping <b>585</b> g.p.m. <b>325</b> ft. after <b>4</b> hrs. pumping <b>823</b> g.p.m. Estimated maximum yield <b>1200</b> g.p.m.		
Gray shale with 5 to 10% sandstone mixed			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
Gray shale			12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
Gray shale with 15% sandstone mixed			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>10</b> ft.		
Gray shale with 25% sandstone mixed			14 Nearest source of possible contamination: <b>NA</b> ft. Direction Type Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Good clean sandstone			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.m.p. 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		
Gray shale with rock layers			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. <b>Ace-Hi Drilling Co 190</b> Business name License No. Address <b>Box 1442, Dodge City, Ks</b> Signed <b>Gaul R. Tuttle</b> Date <b>5-7-75</b> Authorized representative		
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley  <b>2510</b> <b>40</b> <b>2470</b> <b>70 ft</b>					

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

Form WWC-5