

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <b>Hodgeman</b>	Fraction <b>NE 1/4 NE 1/4 NW 1/4</b>	Section number <b>3</b>	Township number <b>T 24 S</b>	Range number <b>R 23 E</b>
2. Distance and direction from nearest town or city: <b>5 S, 3 1/2 E.</b>			3. Owner of well: <b>Earl Schaffer</b>			
Street address of well location if in city: <b>of Jetmore,</b>			R.R. or street: City, state, zip code: <b>Jetmore, Kansas 67854</b>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>Sept 22-1980</b>	
					Well depth <b>45</b> ft. 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 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other 9. Casing: Material <b>Pits</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>2</b> lbs./ft. Dia. <b>5</b> in. to <b>35</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>250</b>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b>	
Topsoil			0	4	Type <b>RMP</b> Dia. <b>5 in</b>	
Clay brown			4	12	Slot gauge <b>(1/16)</b> Length <b>10 ft</b>	
Limestone			12	25	Set between <b>35</b> ft. and <b>45</b> ft.	
Clay White			25	34	Gravel pack? <b>Yes</b> Size range of material <b>1/8</b>	
Sand			34	44	11. Static water level: <b>19.6</b> ft. below land surface Date <b>9-15-80</b>	
Shale Blue			44	45	12. Pumping level below land surfaces: <b>25</b> ft. after <b>1</b> hrs. pumping <b>15</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>25</b> g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
					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>15</b> ft.	
					16. Nearest source of possible contamination: ft. <b>90</b> Direction <b>E</b> Type <b>Pond</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Aermotor Mill</b> Model number _____ HP _____ Volts _____ Length of drop pipe <b>36</b> ft. capacity <b>1</b> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		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. Drilling</b> Business name <b>Jetmore,</b> License No. <b>130</b> Address _____ Signed <b>Dale Knoefler</b> Date <b>10-16-80</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5