

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

WATER WELL RECORD  
KSA 82a-1201-1215

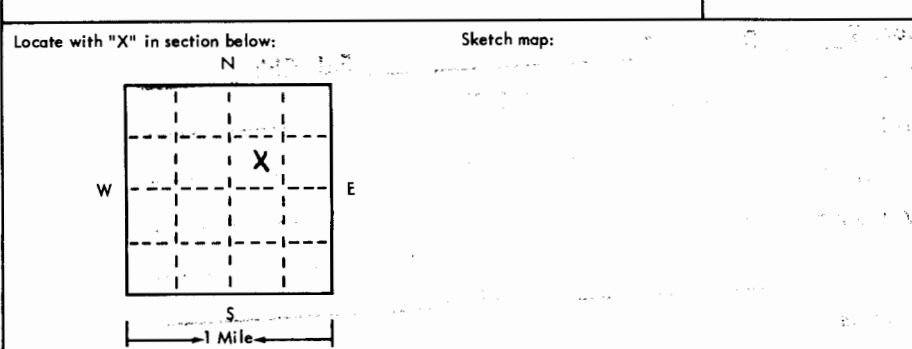
T R EW sec 1/4 1/4 1/4 No.

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>Sawlog</b>	Fraction <del>NE 1/4</del> <b>NW 1/4 Sec 4</b>	Section number <b>16</b>	Town number <b>T-24-S</b>	Range number <b>R-23-W</b>
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Distance and direction from nearest town or city: **Jetmore**  
**8 mi south-3 east of Jetmore, Kansas**  
Street address of well location if in city:

3 Owner of well: **Raymond Fagen**  
Address: **Spearville, Kansas**



4 Well depth: **65** ft. Date of completion **4-2-75**  
Well diameter **8-7/8"**

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 **Plastic**: above/below  
Threaded  Welded  Surface **12** in.  
Diam. **5** Weight \_\_\_\_\_ lbs./ft. \_\_\_\_\_  
**5** in. to **65** ft. depth Drive shoe?  Yes  No  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

2	Type and color of material	From	To
	Surface	0	3
	Sandy brown clay	3	6
	Caleche clay and rock	6	15
	Coarse sand and gravel	15	25
	Caleche clay	25	31
	Cemented gravel with caleche clay mixed	31	43
	Good sand and gravel	43	60
	Yellow clay	60	65
	<b>BRICK 60'</b>		
	<b>NO water level given</b>		
	(use a second sheet if needed)		

8 Screen:  
Manufacturer **Jess & Lowell**  
Type **250 wall** Dia. **5"**  
Slot/gauze **.080** Length **2"**  
Set between **45** ft. and **65** ft. \_\_\_\_\_  
Fittings:  
Gravel pack  Yes  No Size range of material **CMI**

9 Static water level: **NA**  
\_\_\_\_\_ ft. below land surface Date \_\_\_\_\_

10 Pumping level below land surfaces: **NA**  
\_\_\_\_\_ 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 **Owner will**  
 Neat cement  Bentonite  Grout  
Depth: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

14 Nearest source of possible contamination: **NA**  
ft. \_\_\_\_\_ Direction \_\_\_\_\_ Type \_\_\_\_\_  
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

Topography:  
 Hill  
 Slope  
 Upland  
 Valley

**Topo 2415'**  
**60**  
**2355'**

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.  
**Ace-Hi Drilling Co 190**  
Business name \_\_\_\_\_ License No. \_\_\_\_\_  
Address **Box 1442, Dodge City, Ks**  
Signed **Carl G. Gittel** Date **4-2-75**  
Authorized representative

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

Form WW-C-5