

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

# SHARON SPRINGS WEST

WATER WELL RECORD  
KSA 82a-1201-1215

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

BDD

1. Location of well: County <b>Wallace</b>		Fraction <b>SE 1/4 SE 1/4 NW 1/4</b>	Section number <b>34</b>	Township number <b>T 13 S R 40 E 0</b>	Range number <b>40</b>	
2. Distance and direction from nearest town or city: <b>1 1/2 W of Sharon Springs</b> Street address of well location if in city:			3. Owner of well: <b>Rodney Petty</b> R.R. or street: <b>Sharon Springs, Kansas 67758</b> City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>48</b> ft.		
		7. Cable tool <input type="checkbox"/> Rotary <input checked="" 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input 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>PVC</b> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>1 1/2</b> in. RMP <input checked="" type="checkbox"/> PVC Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>38</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>032</b>		10. Screen: Manufacturer's name <b>Jet Stream</b> Type <b>RMP</b> Dia. <b>5W</b> Slot/gauze <b>1/32"</b> Length <b>10'</b> Set between <b>38</b> ft. and <b>18</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>1/8"</b>		
5. Type and color of material			From	To	11. Static water level: _____ mo./day/yr. <b>20</b> ft. below land surface Date <b>9-24-76</b> 12. 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. 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>20</b> inches above grade 15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>18</b> ft. 16. Nearest source of possible contamination: ft. _____ Direction <b>NONE</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. 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	
Top Soil			0	28		
Sand			28	34		
Oker and Shale			34	48		
<b>BRICK 34'</b>						
(Use a second sheet if needed)						
18. Elevation:		19. Remarks: Well drilled cleaned and cased to be finished later, by some one later.		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.		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>3485 (TOPO)</b>		<b>Bartell Drilling</b> License No. <b>120</b> Business name _____ Address <b>Winona, Kansas 67758</b> Signed <b>James Bartell</b> Date <b>5-1-77</b> Authorized representative		

250' WMC  
 13 4 0 3 4 SE SE NW  
 1/4 1/4 1/4