

SOUTH FLATS

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

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

WATER WELL RECORD
KSA 82a-1201-1215

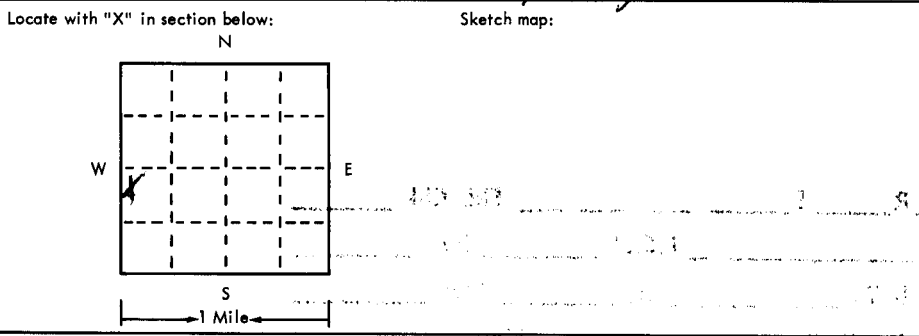
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

CRB

1 Location of well:	County WALLACE	Township name SHARON	Fraction NE 1/4	Section number 31	Town number 14	Range number 39
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Distance and direction from nearest town or city: **6 SOUTH 4 EAST** 3 Owner of well: **Russell UNRUH**

Street address of well location if in city: **SHARON SPRINGS.** Address: **WALLACE KANS.**



4 Well depth: **231** ft. Date of completion **4-10-75**
Well diameter **16** in.

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 **STEEL** Height: above/below
Threaded Welded Surface **8** in.
Diam. **8** in. to **231** ft. depth Drive shoe? Yes No
8 in. to **231** ft. depth Weight **27** lbs./ft.

2	Type and color of material	From	To
	GRAVEL	129	154
	CLAY	154	156
	GRAVEL	156	161
	CLAY	161	174
	GRAVEL	174	176
	CLAY	176	183
	GRAVEL	183	188
	CLAY	188	190
	GRAVEL	190	227
	SOAPSTONE	227	231
	SHALE	231	
	BRICK 227'		

8 Screens: Manufacturer **WA. BROWN**
Type **Millslot** Dia. **16"**
Slot/gauze **1/8** Length **20'**
Set between **157** ft. and **231** ft.
Fittings:
Gravel pack Yes No Size range of material **3/6**

9 Static water level: **129** ft. below land surface Date **4-10-75**

10 Pumping level below land surfaces:
187 ft. after **30** hrs. pumping **850** g.p.m.
210 ft. after **8** hrs. pumping **850** g.p.m.
Estimated maximum yield **850** g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From **8"** ft. to **10"** ft.

14 Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name **TAIT AKC**
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity **700** g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation **3622 (TOPO)**

Topography:
 Hill
 Slope
 Upland
 Valley

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.
Faust Supply Co 144
Business name _____ License No. _____
Address **Box 338 Goodland**
Signed **Ralph Pfanan** Date _____
Authorized representative