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

BSB

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	WALLACE	SHARON SPRINGS NW NW	NW 1/4	31	14	39

Distance and direction from nearest town or city: 7 miles SOUTH SHARON SPRINGS

Street address of well location if in city: 2½ EAST ¼ NORTH

3 Owner of well: Russell UNRUH

Address: WALLACE, KANS.

Locate with "X" in section below:

Sketch map:

N, W, E, S, 1 Mile

4 Well depth: 231 ft. Date of completion 3-27-75

Well diameter 24 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 Surface 8 in.

Threaded ☐ Welded ☒ Weight 32 lbs./ft.

Diam. 6 in. to 151 ft. depth Drive shoe? ☒ Yes ☐ No

151 in. to 231 ft. depth

2 Type and color of material	From	To
GRAVEL	120	140
CLAY	140	147
GRAVEL	147	156
CLAY	156	161
SAND	161	167
SANDY CLAY	167	176
GRAVEL	176	211
SOAPSTONE	211	218
SHALE	218	
BROCK 211'		

(use a second sheet if needed)

8 Screen:

Manufacturer M.A. BROWN Inc

Type Millsott Dia. 16

Slot/gauze 18 Length 2½

Set between 151 ft. and 231 ft.

Fittings:

Gravel pack ☒ Yes ☐ No Size range of material ½

9 Static water level: 120 ft. below land surface Date 3-27-75

10 Pumping level below land surfaces: 190 ft. after 8 hrs. pumping 850 g.p.m.

____ ft. after ____ hrs. pumping ____ 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 0 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 ____

Model number ____ HP ____ Volts ____

Length of drop pipe ____ ft. capacity ____ g.m.p.

Type: ☐ Submersible ☒ Turbine ☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other

16 Remarks: elevation 3624 (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.

Business name Foust Supply Co Inc License No.

Address BOX 338

Signed [signature] Date 4-2-75

Authorized representative

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

Form WWC-5