

WESKAN SE

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

DUB

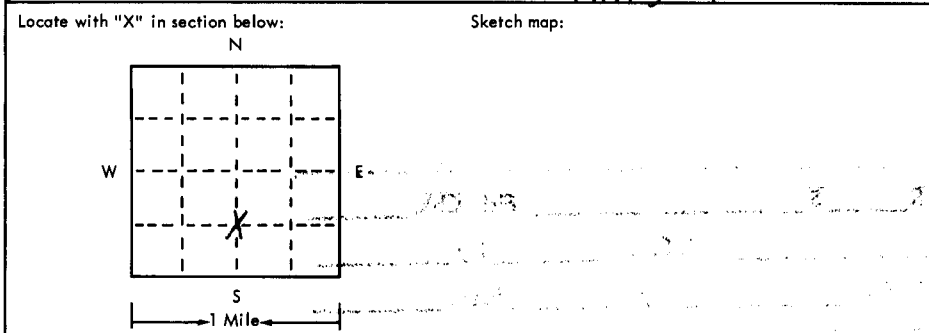
1 Location of well:	County WALLACE	Township name SHARON SPRINGS	Fraction SW²-4E	Section number 32	Town number 14	Range number 40
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Distance and direction from nearest town or city: **6 miles south**

Street address of well location if in city: **3 west of SHARON SPRINGS**

3 Owner of well: **DON PLETCHER**

Address: **SHARON SPRINGS KANSAS**



4 Well depth: **263** ft. Date of completion **2-12-75**
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. _____ Weight **22** lbs./ft. _____
16 in. to **263** ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth!

2	Type and color of material	From	To
	GRAVEL	165	174
	CLAY	174	176
	GRAVEL	176	182
	CLAY	182	185
	GRAVEL	185	235
	CLAY	235	237
	GRAVEL	237	246
	CLAY	246	257
	GRAVEL	257	257
	SOAPSTONE	257	263
	SHALE	263	
	BROCK 257		

8 Screen:
Manufacturer **W.A. BROWN**
Type **Millsalt** Dia. **16"**
Slot/gauze **1/8** Length **20'**
Set between _____ ft. and _____ ft. _____
Fittings:
Gravel pack Yes No Size range of material **3/8**

9 Static water level:
165 ft. below land surface Date **4-12-75**

10 Pumping level below land surfaces:
190 ft. after **8** hrs. pumping **1280** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **1800** 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 **12** ft.

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

15 Pump: Not installed
Manufacturer's name **JOHNSTEN**
Model number _____ HP _____ Volts _____
Length of drop pipe **250** ft. capacity **1300** g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

Topography:
 Hill
 Slope
 Upland
 Valley

3686 (TOP)

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.
FOUST SUPPLY CO. INC 144
Business name _____ License No. _____
Address **Box 338 GOODLAND**
Signed **Ralph C. Foust** Date **4-12-75**
Authorized representative