

SHARON SPRINGS 4NE

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

CAA

1 Location of well:	County <i>Wallace</i>	Township name <i>Harrison</i>	Fraction <i>NE 7/8 - NE SW</i>	Section number <i>25</i>	Town number <i>15</i>	Range number <i>39</i>
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Distance and direction from nearest town or city: *13 Miles South of Wallace 1/4 Mile East*

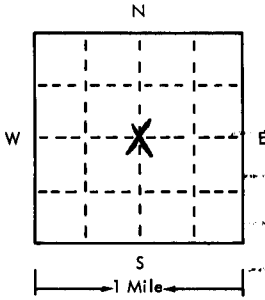
Street address of well location if in city:

3 Owner of well: *Floyd Larsen*

Address: *Wallace Kansas*

Locate with "X" in section below:

Sketch map:



4 Well depth: *186* ft. Date of completion: *7-7-75*
Well diameter *28* 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.
Dip: *16* in. to *186* ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth!

2	Type and color of material	From	To
	<i>Gravel</i>	<i>91</i>	<i>115</i>
	<i>Clay</i>	<i>115</i>	<i>131</i>
	<i>Gravel</i>	<i>131</i>	<i>141</i>
	<i>Clay</i>	<i>141</i>	<i>143</i>
	<i>Gravel</i>	<i>143</i>	<i>158</i>
	<i>Clay</i>	<i>158</i>	<i>159</i>
	<i>Gravel</i>	<i>159</i>	<i>183</i>
	<i>Soapstone</i>	<i>183</i>	<i>186</i>
	<i>Shale</i>	<i>186</i>	
	<i>BRUCK 183'</i>		

8 Screen:
Manufacturer *Brown Enterprise*
Type *Multistop* Dia. *16*
Slot/gauze *1/8* Length *20 ft*
Set between *100* ft. and *186* ft.
Fittings:
Gravel pack Yes No Size range of material *3*

9 Static water level:
85 ft. below land surface Date *6-2-75*

10 Pumping level below land surfaces:
100 ft. after *8* hrs. pumping *1280* g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield *1280* 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 *00* ft. to *10* ft.

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

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

16 Remarks: elevation *3550 (TUPO)*

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.
Trust Supply Inc. 144
Business name _____ License No. _____
Address *Box 328*
Signed *Ralph E. Brown* Date *7-9-75*
Authorized representative