

SHARON SPRINGS 3NW

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

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

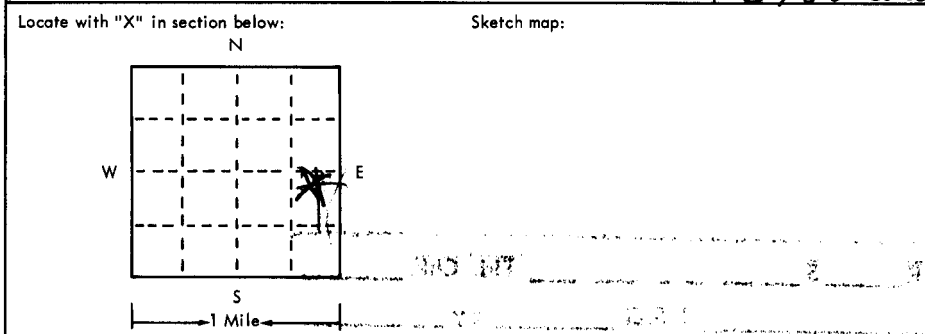
WATER WELL RECORD
KSA 82a-1201-1215

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

DAB

1 Location of well:	County Wallace	Township name Western	Fraction NE-SE	Section number 29	Town number 15	Range number 41
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Distance and direction from nearest town or city: 18 miles So west of Sharon Springs	3 Owner of well: Lee Turner
Street address of well location if in city:	Address: 3900 Broadway, Great Bend, Ks 67530



4 Well depth: **251** ft. Date of completion **6-11-75**
Well diameter **30** 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 **12** in.
Diam. **16** in. Weight **25** lbs./ft.
Diam. **16** in. Depth **251** ft. Drive shoe? Yes No

2 Type and color of material	From	To
8' loose coarse gravel	165	180
7' cemented gravel	180	195
15' clay - strips of gravel	180	195
6' loose gravel	195	210
9' clay + sand mixed	195	210
15' porous rock + cemented gravel	210	225
15' loose gravel	225	240
9' loose gravel - shale	240	251
BROCK 249'		

8 Screen: **W9 Brown Enterprises**
Manufacturer **W9 Brown Enterprises**
Type **free flow** Dia. **16"**
Slot gauze **3/16** Length **40'**
Set between **21** ft. and **251** ft.
Fittings: **3/4"**
Gravel pack Yes No Size range of material **3/4"**

9 Static water level: **209** ft. below land surface Date **6-75**

10 Pumping level below land surfaces:
245 ft. after **1** hrs. pumping **800** g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield **900** g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter Inches above grade **12"**

13 Well grouted? Yes No **Puddled**
 Neat cement Bentonite Clay
Depth: From **0** ft. to **10** ft.

14 Nearest source of possible contamination:
ft. _____ Dips **none** Type _____
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name **Gould's**
Model number **125MC** HP _____ Volts _____
Length of drop pipe **240** ft. capacity **900** g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation **3793 (TOPO)**

Topography:
 Hill
 Slope
 Upland
 Valley

irrigation well

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.

Jack Poore Drilling Inc License No. **197**
Business name _____
Address **Donald Ks**
Signed **Jack Poore** Date **6-18-75**
Authorized representative