

SHARON SPRINGS 4NE

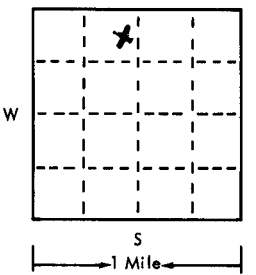
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

BAA

1 Location of well:	County <b>Greely</b>	Township name <b>Tribune NE</b>	Fraction <b>NE 1/4 NW 1/4</b>	Section number <b>14</b>	Town number <b>T16 S</b>	Range number <b>R39 W</b>	
Distance and direction from nearest town or city: Street address of well location if in city: <b>13N 8E IN 1/2 E 1/4 S</b>				3 Owner of well: Address: <b>WILLIAM HERMAN</b> <b>TRIBUNE KANSAS</b>			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <b>221</b> ft. Date of completion <b>3-21-75</b> Well diameter <b>2 1/2</b> in.			
2 Type and color of material				From	To		
				<b>GRAVEL</b>	<b>109</b>	<b>120</b>	
				<b>SANDY CLAY</b>	<b>120</b>	<b>135</b>	
				<b>M GRAVEL, SANDY CLAY</b>	<b>135</b>	<b>156</b>	
				<b>M GRAVEL</b>	<b>156</b>	<b>167</b>	
				<b>SANDY CLAY</b>	<b>167</b>	<b>169</b>	
				<b>M GRAVEL, ROCK</b>	<b>169</b>	<b>174</b>	
				<b>M GRAVEL, SANDY CLAY</b>	<b>174</b>	<b>196</b>	
				<b>GRAVEL</b>	<b>196</b>	<b>205</b>	
				<b>GRAVEL, SANDY CLAY, SANDSTONE</b>	<b>205</b>	<b>211</b>	
<b>GRAVEL</b>	<b>211</b>	<b>218</b>					
<b>Ochre</b>	<b>218</b>	<b>221</b>					
				8 Screen: Manufacturer <b>W.A. BRAUN</b> Type <b>LUGER</b> Dia. <b>1 1/2</b> Slot/gauze <b>1/8 - 7</b> Length <b>90</b> Set between <b>191</b> ft. and <b>221</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>4-1/2"</b>			
				9 Static water level: <b>107</b> ft. below land surface Date <b>3-21-75</b>			
				10 Pumping level below land surfaces: <b>200</b> ft. after <b>6</b> hrs. pumping <b>1400</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>1400</b> g.p.m.			
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.			
				14 Nearest source of possible contamination: ft. _____ Direction _____ Type <b>KANE</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>WESTERN LAND ROLLER</b> Model number <b>8M</b> HP <b>90</b> Volts _____ Length of drop pipe <b>210</b> ft. capacity <b>1400</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
16 Remarks: elevation <b>3503 TUPO</b>				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. <b>A.H. DUELLING Co Inc 166</b> Business name _____ License No. _____ Address <b>Overland Kan</b> Signed <b>Bill Chapin</b> Date <b>4-1-75</b> Authorized representative			
(use a second sheet if needed)							