

## SHARON SPRINGS 3NE

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

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment—Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <b>Greeley</b>	Fraction <b>NW 1/4 SE 1/4 SE 1/4</b>	Section number <b>8</b>	Township number <b>T 16 S R 40 E W</b>	Range number <b>40</b>
2. Distance and direction from nearest town or city: <b>14N of Tribune, Kansas</b>				3. Owner of well: <b>Smith Ranch % Joe Smith</b>		
Street address of well location if in city:				R.R. or street: <b>Tribuen, KS 67879</b>		
4. Locate with "X" in section below:				6. Bore hole dia. <b>9</b> in. Completion date <b>7-14-75</b>		
Sketch map:				Well depth <b>117</b> ft.		
				7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
5. Type and color of material				8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <b>Plas</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>1.8</b> lbs./ft. Dia. <b>5</b> in. to <b>97</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>97</b> ft. depth Gage No. <b>250</b>		
				10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>RMP</b> Dia. <b>5 in</b> Slot gauze <b>1/16</b> Length <b>20 ft.</b> Set between <b>97</b> ft. and <b>117</b> ft. ft. and <b>117</b> ft. Gravel pack? <b>yes</b> Size range of material <b>1/2 - 1/8</b>		
				11. Static water level: <b>158</b> ft. below land surface Date <b>7-14-75</b> mo./day/yr.		
				12. Pumping level below land surfaces: <b>NA</b> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
				14. Well head completion: <b>NA</b> ____ Pitless adapter ____ inches above grade		
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>15</b> ft.		
				16. Nearest source of possible contamination: ft. <b>600</b> Direction <b>NE</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				18. Elevation:		
19. Remarks:				20. 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>Weishaar Drilling</b> <b>232</b> Business name <b>Scott City, KS 67871</b> License No. Address <b>Scott City, KS 67871</b> Signature <b>[Signature]</b> Date <b>10-20-75</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				Do not know well head completion since well was not finished by us. <b>BROOK 216'</b>		

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

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16 40 3E  
1/4 1/4 1/4