HCCV EMT

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

DCB

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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Hamilton	Coolidge AW	SW¼ of SE¼	28	23 S	43 W

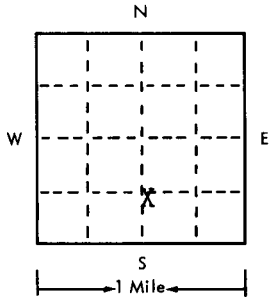
Distance and direction from nearest town or city: 2mi. south & 2 west of Coolidge

Street address of well location if in city:

3 Owner of well: Oliver B. Palmer

Address: Syracuse, Kansas 67878

Locate with "X" in section below:



Sketch map:

4 Well depth: 80 ft. Date of completion 7-7-75
Well diameter 26 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 ~~land~~ surface
Threaded ☐ Welded ☒ Surface ___ in.
Diam. 16 in. to 80 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☐ No

2 (1)

Type and color of material	From	To
Top & clay	0	12
Sand & gravel	12	78
Shale	78	80
BROCK 78'		

(use a second sheet if needed)

8 Screen:
Manufacturer W. A. Brown
Type Free Flo Dia. ~~XXX~~ 16
Slot/gauze slot Length 2"
Set between 40 ft. and 80 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 5/8

9 Static water level:
12 ft. below land surface Date 7-7-75

10 Pumping level below land surfaces:
24 ft. after 6 hrs. pumping 1200 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 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type None
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name
Model number HP Volts
Length of drop pipe ft. capacity g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation Sand Hills
3354 TOPO

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.
ARK VALLEY PUMP & SUPPLY 123
Business name License No.
Address 205 S. First
Signed [signature] Date 8-12-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5