

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

WATER WELL RECORD
KSA 82a-1201-1215

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

AAO

1 Location of well: County **Hamilton** Township name **Coolidge SW NE 1/4 of NE 1/4** Section number **33** Town number **23 S** Range number **43 W**

Distance and direction from nearest town or city: **2 Mi. south, 2 Mi.** 3 Owner of well: **Oliver B. Palmer**
Street address of well location if in city: **west & 1/2 south of Coolidge** Address: **Syracuse, Kansas 67868**

Locate with "X" in section below: Sketch map:

N

W E

S
1 Mile

4 Well depth: 120 ft. Date of completion 7-8-75
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 XXXX
Threaded Welded Surface 12 in.
Diam. 16 in. Weight _____ lbs./ft. _____
16 in. to 120 ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth

2	(2)	Type and color of material	From	To
		Overburden	0	45
		Sand & gravel	45	118
		Shale	118	120
		BROCK 118'		
		(use a second sheet if needed)		

8 Screen: Manufacturer W. A. Brown
Type Free Flo Dia. 16
Slot/gauze slot Length 2"
Set between 80 ft. and 120 ft. _____
Fittings:
Gravel pack Yes No Size range of material 5/8
9 Static water level: 34 ft. below land surface Date 5/8/75
10 Pumping level below land surfaces:
58 ft. after 6 hrs. pumping 1200 g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 2000 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
 Centrifugal Other

16 Remarks: elevation **Sand hills**
3278 (TOP)

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 Wm Smith Date 9-2-75
Authorized representative

23 43W 33 SW NE NE