

WELLY EAST

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

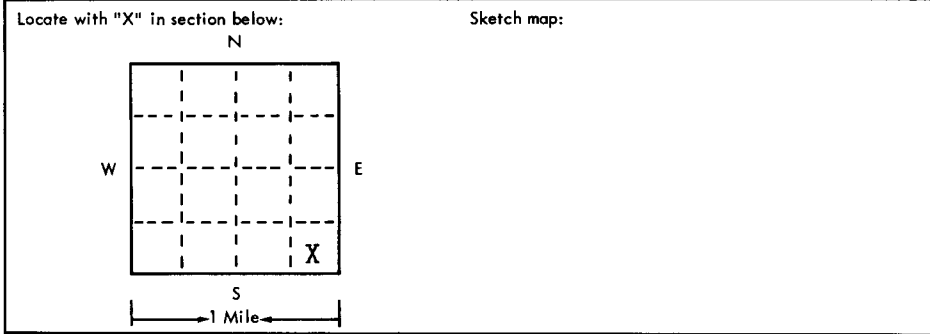
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

DSC

1 Location of well:	County Hamilton	Township name Coolidge	Fraction SE 1/4 of SE 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. west & 1 1/2 mi. south of Coolidge

3 Owner of well: Oliver B. Palmer
Address: Syracuse, Kansas 67878



4 Well depth: 120 ft. Date of completion 7-9-75
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 0 in.
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 (3) 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 7-10-75

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.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation Sand Hills

Topography:
 Hill
 Slope
 Upland
 Valley

3360 (TOP)

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 43 W 33 C SE SE