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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Hamilton	Syracuse	SW¼-NW¼	3	24	41

Distance and direction from nearest town or city:

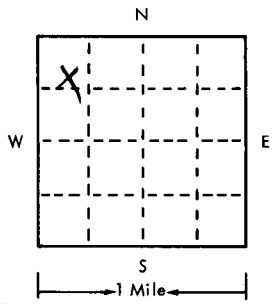
Street address of well location if in city:

3 Owner of well: Dennis Carter

Address: Syracuse

Locate with "X" in section below:

Sketch map:



4 Well depth: 63 ft. Date of completion 5-31-75
Well diameter 16 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/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 30.39 lbs./ft. ___
12 in. to 33 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
(use a second sheet if needed)		

8 Screen:
Manufacturer Cook
Type Screen Dia. 16
Slot/gauze 100 Length 20
Set between 33 ft. and 63 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ___

9 Static water level:
19 ft. below land surface Date 5-31-75

10 Pumping level below land surfaces:
52 ft. after 4 hrs. pumping 950 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 1000 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 ___ ft. to ___ ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name Goulds
Model number ___ HP 25 Volts 440
Length of drop pipe 50 ft. capacity 950 g.m.p.
Type:
☐ Submersible ☒ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

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.
Fulton Drilling Co 300
Business name License No.
Address Po Box 183
Signed Wilbur Fulton Date 6-18-75
Authorized representative

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

Form WWC-5