

DURKEE CREEK NE

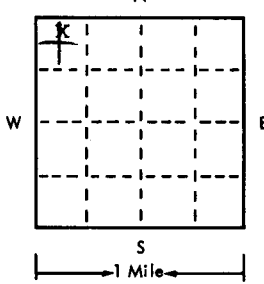
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

BBA

1 Location of well:	County Hamilton	Township name Coolidge NE	Fraction NW 1/4 of NW 1/4	Section number 3	Town number 24 S	Range number 43 W		
Distance and direction from nearest town or city: 2 mi. south, 2 mi. west & 2 south of Coolidge.			3 Owner of well: Oliver B. Palmer					
Street address of well location if in city: west & 2 south of Coolidge.			Address: Syracuse, Kansas 67878					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>76</u> ft. Date of completion <u>7-14-75</u> Well diameter <u>26</u> in.		
2 4 Type and color of material			From		To			
			Overburden		0		32	
			Sand & Gravel		32		74	
			Shale		74		76	
			BROCK 74'					
(use a second sheet if needed)			8 Screen:		Manufacturer <u>W. A. Brown</u>			
			Type <u>Free Flo</u> Dia. <u>16</u>		Slot/gauze <u>slot</u> Length <u>2"</u>			
			Set between <u>36</u> ft. and <u>76</u> ft.		Fittings:			
			Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Size range of material <u>5/8</u>			
			9 Static water level:		<u>34</u> ft. below land surface Date <u>7-14-75</u>			
			10 Pumping level below land surfaces:		<u>64</u> ft. after <u>4</u> hrs. pumping <u>1400</u> g.p.m.			
					____ ft. after ____ hrs. pumping ____ g.p.m.			
					Estimated maximum yield <u>2000</u> g.p.m.			
			11 Water sample submitted:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
			12 Well head completion:		<input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade			
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____						
		Depth: From <u>0</u> ft. to <u>10</u> ft.						
14 Nearest source of possible contamination:		ft. _____ Direction _____ Type <u>None</u>						
		Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
15 Pump:		<input checked="" type="checkbox"/> Not installed						
Manufacturer's name _____		Model number _____ HP _____ Volts _____						
Length of drop pipe _____ ft. capacity _____ g.m.p.		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								
16 Remarks: elevation Sand hills 3380 (TOPO)			17 Water well contractor's certification:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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 <u>205 S. First</u>					
			Signed <u>W. Smith</u> Date <u>9-2-75</u>					
			Authorized Representative					

2 4 4 3 W 3 NW NW NW