

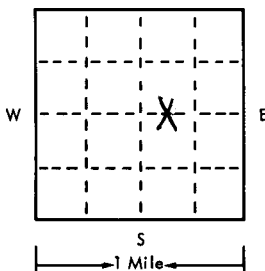
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

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

CS 1/2 SW NE

| | | | | | | |
|--|---------------------------|---------------|--------------------------|---|--------------------------|-----------------------------|
| 1 Location of well: | County <u>HAMILTON</u> | Township name | Fraction <u>E 1/2</u> | Section number <u>6</u> | Town number <u>25</u> | Range number <u>40 W</u> |
| Distance and direction from nearest town or city: <u>5 S 1/2 E of Syracuse, KS.</u> | | | | 3 Owner of well: <u>Emery Potter SR</u> Address: <u>Syracuse, KS. 67878</u> | | |
| Locate with "X" in section below:  | | | | Sketch map: | | |
| 2 | | | | 4 Well depth <u>255</u> ft. Date of completion <u>April 1</u> Well diameter <u>2 1/8</u> in. | | |
| Type and color of material | | | | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary | | |
| Clay | | | | 6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well | | |
| Blue Shale | | | | 7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>29</u> in. Diam. <u>5</u> in. to <u>255</u> ft. depth Weight <u>255</u> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Dakota Sand | | | | 8 Screen: Manufacturer <u>JDL</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>5/32</u> Length <u>35</u> Set between <u>200</u> ft. and <u>255</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>4-7</u> | | |
| | | | | 9 Static water level: <u>180</u> ft. below land surface Date <u>4-1-77</u> | | |
| | | | | 10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>25</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 <u>29</u> inches above grade | | |
| | | | | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>2</u> ft. to <u>18</u> ft. | | |
| | | | | 14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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 | | | | 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. <u>Fulton Drilling 300</u> Business name <u>Syracuse</u> License No. ____ Address ____ Signed <u>[Signature]</u> Date <u>April 1</u> | | |