

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 <b>Hamilton</b>	Township name <b>Bearcreek</b>	Fraction <b>SE 1/4 NW 1/4 SE 1/4</b>	Section number <b>17</b>	Town number <b>26</b>	Range number <b>42</b>				
Distance and direction from nearest town or city: <b>10 miles west, 1 1/2 south, 1/2 west 1/4 south of</b>			3 Owner of well: <b>J. E. Chisholm</b>							
Street address of well location if in city: <b>Syracuse, Kansas</b>			Address: <b>P. O. Box 512 McPherson, Kansas 67460</b>							
Locate with "X" in section below: N		Sketch map:		4 Well depth: <b>417</b> ft. Date of completion <b>7-12-79</b> Well diameter <b>26</b> in.						
		<p style="text-align: center;"><b>Replacement well # 23, 043</b> <b>52' West &amp; 8' South of old well</b></p>		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						
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>						
2		Type and color of material		From		To		7 Casing: Material <b>Steel</b> Height <b>above</b> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. Diam. <b>16</b> in. to <b>417</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
								8 Screen: <b>Lakewood Pipe &amp; Steel</b> Manufacturer: <b>U.S. Steel</b> Dia. <b>16"</b> Type <b>3/16"</b> Length <b>200'</b> Slot/gauze <b>217</b> ft. and <b>417</b> ft. Set between _____ ft. and _____ ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1"</b>		
								9 Static water level: <b>189</b> ft. below land surface Date <b>7-12-79</b>		
								10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
								11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
								12 Well head completion: <b>18"</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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 <b>0</b> ft. to <b>18"</b> ft.		
								14 Nearest source of possible contamination: <b>None</b> ft. _____ Direction _____ Type _____ 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 <b>3300'</b>  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <b>Dreiling, Inc. 210</b> Business name _____ License No. _____ Address <b>Holly, Colo. 81047</b> Signed <b>A. F. Prueff</b> Date <b>8-11-79</b> Authorized representative		

26  
42W 17 SE NWSE