

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

WATER WELL RECORD
KSA 82a-1201-1215

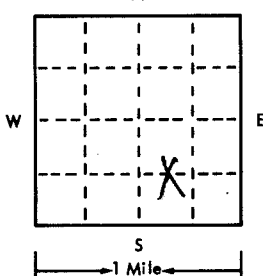
10 7E 8C 9MP
T R EW sec: 1/4 1/2 3/4 No.

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

NW SW SE OK

1 Location of well: County Riley Township name ~~105~~ Fraction 25 1/2 NW 4 SE 8 Section number 8 Town number 105 Range number 7E

Distance and direction from nearest town or city: 2 1/2 mi west of Manhattan 3 Owner of well: David Mitchell
Street address of well location if in city: St George Kans Address: Peck

Locate with "X" in section below: Sketch map: 

4 Well depth: 100' ft. Date of completion July 11-73
Well diameter 8 in. 1 1/2 inch

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 AMP Height: above/below
Threaded Welded Surface 15 in.
Diam. Weight 150 lbs./ft.
6 in. to 20 ft. depth! Drive shoe? Yes No
5 in. to 100 ft. depth!

8 Screen: Manufacturer Pumpley Type inside
Type RMP Dia. 6 1/2 in.
Gauge 20 Length 25
Set between 20 ft. and 45 ft.
Fittings: Gravel pack Yes No Size range of material _____

9 Static water level: 16 ft. below land surface Date July 11-73

10 Pumping level below land surfaces: NA
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 5 g.p.m. 100 gal.

11 Water sample submitted: Yes No Date _____

12 Well head completion: Pitless adapter Inches above grade

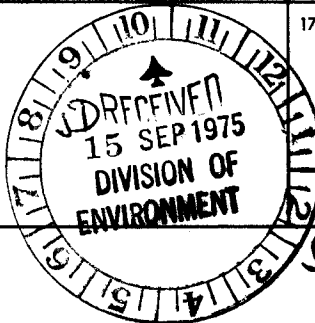
13 Well grouted? Yes No
 Neat cement Bentonite
Depth: From 8 ft. to 20 ft.

14 Nearest source of possible contamination: NON-F
ft. 100 Direction North Type septic
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 1080'
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.
Harold Strader 237
Business name License No.
Address Blue Rapids KS
Signed _____ Date 7-11-73
Authorized representative



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

Strader Drilling Co

10 7E 8C 9MP SE