

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

Well no 1

1 Location of well:		County <b>RILEY</b>	Township name <b>Ogden</b>	Fraction <b>SW 1/4</b>	Section number <b>28</b>	Town number <b>T10S</b>	Range number <b>R7E</b>
Distance and direction from nearest town or city: <b>3 MILES W</b>				3 Owner of well: <b>LESTER ADY SR</b>			
Street address of well location if in city:				Address: <b>RT 1 MANHATTAN, KANSAS</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>75</b> ft. Date of completion <b>July 26 1975</b> Well diameter <b>9</b> in.			
				5 <input checked="" type="checkbox"/> Cable tool <input 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 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 <input type="checkbox"/>			
				7 Casing: Material <b>Steel</b> Height: above/below <b>12'</b> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <b>5 1/2</b> in. Diam. <b>6 1/2</b> in. to <b>25</b> ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>24 1/2</b> ft			
2		Type and color of material		From	To	8 Screen: Manufacturer <b>HOME PRES</b> Type <b>Slotted</b> Dia. <b>1 1/8"</b> Slot/gauze <b>150</b> Length <b>1/5'</b> Set between <b>25</b> ft. and <b>20</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size <b>1/4"</b> of material	
		<b>Top Soil</b>		<b>0</b>	<b>8</b>	9 Static water level: <b>22</b> ft. below land surface Date <b>July 26 - 75</b>	
		<b>GRAY JOINT CLAY</b>		<b>8</b>	<b>15</b>	10 Pumping level below land surfaces: <b>Backed</b> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>100</b> g.p.m.	
		<b>Blue CLAY</b>		<b>15</b>	<b>45</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
		<b>Sand + GRAVEL</b>		<b>45</b>	<b>75</b>	12 Well head completion: <b>UP</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
		<b>Bed Rock</b>		<b>75</b>		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>20</b> ft. to <b>10</b> ft.	
						14 Nearest source of possible contamination: ft. <b>90</b> Direction <b>East</b> Type <b>Lakebeds</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: Manufacturer's name <b>Not installed</b> 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. <b>Strader Drilling Co</b> <b>23</b> Business name <b>Blue Rapids</b> License No. ____ Address <b>Harold Strader</b> Signed <b>Harold Strader</b> Date <b>July 27 1975</b> Authorized representative	