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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

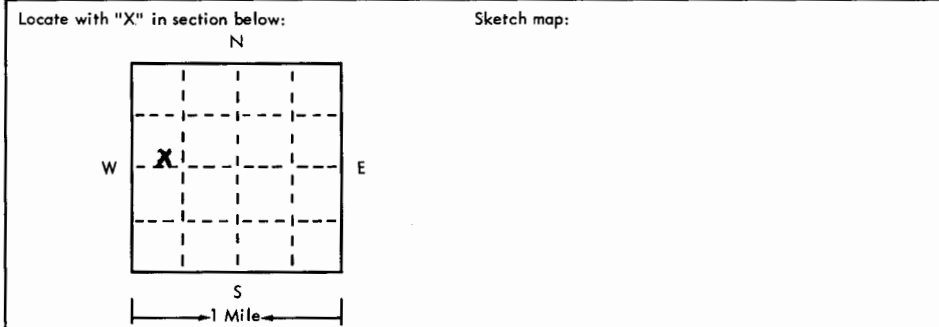
Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620

Well # 5

NE SW NW

1 Location of well:	County <b>Pottawatomie</b>	Township name <b>10</b>	Fraction <del>SW<sup>1</sup>/<sub>4</sub> of NW<sup>1</sup>/<sub>4</sub></del>	Section number <b>8</b>	Town number <b>10</b>	Range number <b>9E</b>
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Distance and direction from nearest town or city: Street address of well location if in city:	3 Owner of well: <b>Milton Anderson Anderson Realty 103 S. 4th, Manhattan, Kans.</b> Address:
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4 Well depth: 54 ft. Date of completion 7/3/75  
Well diameter 8 in.

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 RMP Height: above/below \*\*\*  
Threaded  Welded  Surface 18 in.  
Diam. \_\_\_\_\_ Weight \_\_\_\_\_ lbs./ft. \_\_\_\_\_  
5 in. to 54 ft. depth Drive shoe?  Yes  No  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

2	Type and color of material	From	To
	Sand	0	28
	Sandy clay	28	41
	Fine sand	41	42
	Sand (loss of water)	42	45
	Clay	45	51
	Blue	51	54

8 Screen:  
Manufacturer Western Plastics  
Type RMP Dia. 5"  
Slot/gauze 3/32 Length 2 1/2"  
Set between 44 ft. and 54 ft.  
Fittings: 1/16 to 3/8  
Gravel pack  Yes  No Size range of material \_\_\_\_\_

9 Static water level:  
25 ft. below land surface Date 7/3/75

10 Pumping level below land surfaces:  
\_\_\_\_ ft. after \_\_\_\_ hrs. pumping \_\_\_\_ g.p.m.  
\_\_\_\_ ft. after \_\_\_\_ hrs. pumping \_\_\_\_ g.p.m.  
Estimated maximum yield 16 g.p.m.

11 Water sample submitted:  
 Yes  No Date \_\_\_\_\_

12 Well head completion: capped  
 Pitless adapter 18 inches above grade

13 Well grouted?  Yes  No  
 Neat cement  Bentonite  \_\_\_\_\_  
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: none  
ft. \_\_\_\_\_ Direction \_\_\_\_\_ Type \_\_\_\_\_  
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 1075  
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.  
Rader Drilling Co. 194  
Business name License No. \_\_\_\_\_  
Address Carlton, Kansas 67429  
Signed Boon E Rader Date 7-24-75  
Authorized representative

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