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

Well # 8

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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Pottawatomie	10	SE¼ of NE¼	10	10	9E

Distance and direction from nearest town or city:

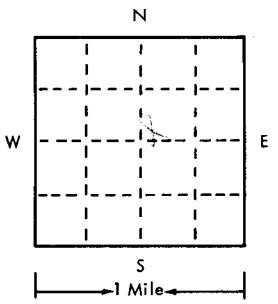
Street address of well location if in city:

3 Owner of well: Milton Anderson

Address: 103 S. 4th, Manhattan, Kans.

Locate with "X" in section below:

Sketch map:



2 Type and color of material	From	To
Sand and clay	0	9
Clay and rock	9	27
Blue	27	35
Rock	35	36
Coal	41	42
B lue	42	74
Fine sand and gray	74	94
Hard shale, gray and white and blue	94	116
(use a second sheet if needed)		

4 Well depth: 116 ft. Date of completion 7/9/75
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
Threaded ☐ Welded ☒
Diam. 5 in. to 116 ft. depth
___ in. to ___ ft. depth
Height: above/~~below~~
Surface 18 in.
Weight 200 lbs./ft.
Drive shoe? ☐ Yes ☒ No

8 Screen:
Manufacturer ~~Western Plastics~~
Type RMP Dia. 5"
Slot/gauze 3/32" Length 2½"
Set between 36 ft. and 116 ft.
Fittings: 1/16 to 3/8
Gravel pack ☒ Yes ☐ No Size range of material ___

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

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 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.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

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, Kans. 67429
Signed Brent Rader Date 7-24-75
Authorized representative

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

Form WWC-5