37

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	Township name	Fraction	Section number	Town number	Range number
	Riley	Ashland	S ½	1	11	7E

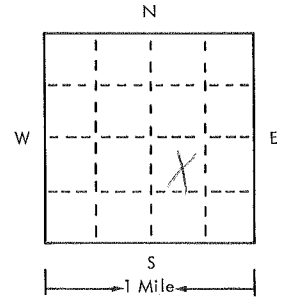
Distance and direction from nearest town or city: 5 mi. S. W

Street address of well location if in city: Manhattan

3 Owner of well: K.S. Dept of Horticulture Ashland Agronomy Farm

Address: Manhattan, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 49 ft. Date of completion 8-19-75
Well diameter 20 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 Steel Height: above/~~below~~
Threaded ☐ Welded ☒ Surface 24 in.
Diam. Weight 33.38 lbs./ft.
12 in. to 49 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top Soil	0	6
Brown Clay	6	18
Fine sand - Coarse sand	18	32
Medium to Pea gravel	32	34
Blue Clay	34	35
Coarse to medium sand + Pea gravel	35	46
Grey Shale	46	50
(use a second sheet if needed)		

8 Screen:
Manufacturer Johnson
Type Stainless Dia. 12
Slot/~~gauze~~ 100 Length 13'-6"
Set between 37 ft. and 47 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼x⅛

9 Static water level:
23'-8" ft. below land surface Date 8-21-75

10 Pumping level below land surfaces:
10'-0" ft. after 1½ hrs. pumping 800 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 800 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion: Capped
☐ Pitless adapter ☒ 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 approx 1037

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.
Strader Drlg Co Inc 182
Business name License No.
Address RFD 1 Holton Kansas
Signed Dale Cahran Date 8-24-75
Authorized representative

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

Form WWC-5