Pd Irrigation Well

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
	Geary	Smoky Hill	NE SW¼ SW¼	10	T12S	R5E

Distance and direction from nearest town or city:
Lot 10 Block 4 Sunrise Hill Addition to J C Ks.
Street address of well location if in city: 938 S Adams St.

3 Owner of well: George D. Olds
Address: 938 S Adams St. Junction City, Kansas.

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

N
W E
X
S
1 Mile

4 Well depth: 50 ft. Date of completion Aug 27 75
Well diameter 6 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug
[ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [ ] Domestic [ ] Public supply [ ] Industry
[X] Irrigation [ ] Air conditioning [ ] Commercial
[ ] Test well [ ]

7 Casing: Material plastic Height: above/~~below~~ 14"
Threaded [ ] Welded [X] Surface 24 in. MHC
Diam. 5 in. to 50 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? [ ] Yes [ ] No

8 Screen:
Manufacturer Jess + Lowell
Type ~~Plastic~~ RMP Dia. ~~5~~ 5"
Slot/gauze ~~1/8~~ Length 20'
Set between 50 ft. and 30 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 3/8

9 Static water level:
28 ft. below land surface Date Aug 27-75

10 Pumping level below land surfaces: Bucketed
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 18 g.p.m.

11 Water sample submitted:
[ ] Yes [X] No Date ___

12 Well head completion: NA
[ ] Pitless adapter [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ]
Depth: From 15 ft. to 5 ft.

14 Nearest source of possible contamination: ~~Abandoned~~
ft. 2000 Direction West Type Farmstead
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
[X] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

2 Type and color of material	From	To
Top Soil	0	3
Lime Stone	3	5
Sandy Loam	5	28
Limestone	28	32
Blue Shale	32	39
RED Shale	39	50
Lime Stone	50	
(use a second sheet if needed)		

16 Remarks: elevation

Topography:
[ ] Hill
[X] 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 Drilling Co 237
Business name License No.
Address Blue Rapids
Signed Harold Strader Date aug 27
Authorized representative

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

Form WWC-5