

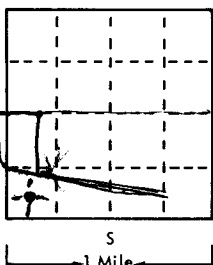
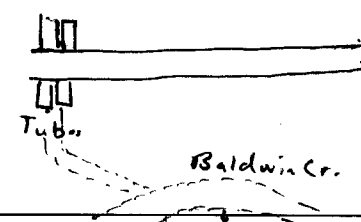
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

SE NWSW

| | | | | | | | | |
|---|------------------------|---|---|--|----------------------------|---|--|---|
| 1 Location of well: | County <i>Riley</i> | Township name <i>Sherman</i> | Fraction <i>CSWSW</i> | Section number <i>3</i> | Town number <i>T 05</i> | Range number <i>R 6E 6E</i> | | |
| Distance and direction from nearest town or city: <i>4 So. Andoloff</i> | | | 3 Owner of well: <i>Hugh F. Emrich</i> | | | | | |
| Street address of well location if in city: | | | Address: <i>Box 846 Manhattan, KS</i> | | | | | |
| Locate with "X" in section below: N  | | Sketch map: <i>NA</i>  | | 4 Well depth: <i>55 1/2</i> ft. Date of completion <i>9-2-75</i> Well diameter <i>8</i> in. | | | | |
| 2 Type and color of material | | From | | To | | 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 | | |
| | | <i>top soil</i> | | <i>0</i> | | <i>5</i> | | 7 Casing: Material <i>RMP</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>31</i> Diam. Weight <i>250</i> lbs./ft <i>100</i> <i>5</i> in. to <i>10</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>5</i> in. to <i>55</i> ft. depth |
| | | <i>yellow clay</i> | | <i>5</i> | | <i>14</i> | | 8 Screen: Manufacturer <i>Yield & Lowell</i> Type <i>RM 10</i> Dia. <i>5"</i> Slot/gauze <i>040</i> Length <i>20</i> Set between <i>30</i> ft. and <i>10</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/8 X 1/4</i> |
| | | <i>Red shale</i> | | <i>14</i> | | <i>16</i> | | 9 Static water level: <i>10</i> ft. below land surface Date <i>9-2-75</i> |
| | | <i>16-18 Hard rock</i> | | <i>16</i> | | <i>18</i> | | 10 Pumping level below land surfaces: <i>Baker test</i> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <i>8</i> g.p.m. |
| | | <i>Hard Blue lime rock</i> | | <i>18</i> | | <i>24</i> | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ |
| | | <i>Hard Red shale</i> | | <i>24</i> | | <i>26</i> | | 12 Well head completion: <i>NA</i> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade |
| | | <i>Hard Blue shale</i> | | <i>26</i> | | <i>33</i> | | 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 <i>6</i> ft. to <i>16</i> ft. |
| | | <i>gray Lime Rock</i> | | <i>33</i> | | <i>36</i> | | 14 Nearest source of possible contamination: ft. <i>15</i> Direction <i>North</i> Type <i>Creek</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Blue shale</i> | | <i>36</i> | | <i>40</i> | | 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Valts _____ 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 | | |
| <i>Hard Blue Rock</i> | | <i>40</i> | | <i>45</i> | | 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. <i>Strader Drilling Co 237</i> Business name _____ License No. _____ Address <i>Blue Rapids</i> Signed <i>Harold Strader</i> Date <i>9-2-75</i> Authorized representative | | |
| <i>Hard shale rock</i> | | <i>45</i> | | <i>47</i> | | | | |
| <i>Blue shale</i> | | <i>47</i> | | <i>55</i> | | | | |
| | | | | | | | | |
| 16 Remarks: elevation <i>1150</i> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | | | | | | | |

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

Form WWC-5