

29

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 # 3

11W SE 11W

1 Location of well:		County Pottawatomie	Township name 8	Fraction SE 1/4 of MW 1/4	Section number 28	Town number 8	Range number 8 E
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: Milton Anderson Anderson Realty Address: 103 S. 4th, Manhattan, Kans.			
Locate with "X" in section below: N W E S 1 Mile			Sketch map:		4 Well depth: 54 ft. Date of completion _____ Well diameter 8 in.		
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" 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		
Clay			0	12	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 <input type="checkbox"/> _____		
Rock			12	26	7 Casing: Material RMP Height: above/ below 18 in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. Diam. _____ Weight 200 lbs./ft. _____ 5 in. to 54 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
Hollow rock			26	54	8 Screen: Manufacturer Western Plastics Type RMP Dia. 5" Slot/gauze 3/32 Length 2 1/2" Set between 20 ft. and 54 ft. Fittings: 1/16 to 3/8 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
					9 Static water level: 39 ft. below land surface Date _____		
					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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
					12 Well head completion: capped <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
					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 0 ft. to 10 ft.		
					14 Nearest source of possible contamination: none ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ 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		
16 Remarks: elevation 1330' Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			(use a second sheet if needed)		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. 67429 Address Carlton, Kans. Signed Brian E Rader Date 7-24-05 Authorized representative		