27

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

Well # 2

WATER WELL RECORD
KSA 82a-1201-1215

NE SE NW

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

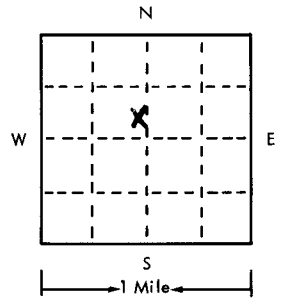
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Pottawatomie	8	SE ¼ of NW¼	28	8	8E

Distance and direction from nearest town or city:

Street address of well location if in city:

3 Owner of well: Milton Anderson
Address: Anderson Realty
103 S. 4th, Manhattan, Kans.

Locate with "X" in section below:



Sketch map:

4 Well depth: 107 ft. Date of completion 6/27/75
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 Height: above/~~below~~
Threaded ☐ Welded ☒ Surface 18 in.
Diam. 5" Weight 200 lbs./ft.
___ in. to 107 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Clay	0	15
Rock (Flint) (Limestone)	15	25
Clay " "	25	31
Rock	31	37
Gray clay	37	49
Rock - limestone	49	63
Red rock	63	73
Gray clay	73	76
Hollow rock	76	80
Gray clay	80	86
Blue	86	107
(use a second sheet if needed)		

8 Screen:
Manufacturer Western Plastics
Type RMP Dia. 5"
Slot/gauze 3/32 Length 2½"
Set between 67 ft. and 107 ft.
Fittings: 1/16 to 3/8
Gravel pack ☒ Yes ☐ No Size range of material ___

9 Static water level:
70 ft. below land surface Date 6/27/75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 7 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
☐ Centrifugal ☐ Other

16 Remarks: elevation
1355

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, Kansas 67429
Signed Grant E Rader Date 7-24-75
Authorized representative

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

Form WWC-5