

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

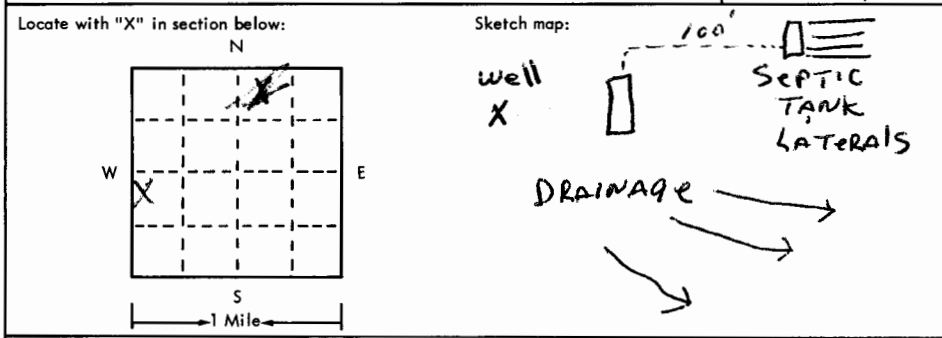
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SW NW SW

1 Location of well:	County POTAWATOMIE	Township name 25 N	Fraction 1/4 - 1/4 - 1/4	Section number 23	Town number 8 S	Range number 9 E
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Distance and direction from nearest town or city: **8.5** ↓
Street address of well location if in city: **off Westmoreland**

3 Owner of well: **John Brinkman**
Address: **24 WATERWAY Rd.
MANHATTAN KANSAS**



2	Type and color of material	From	To
	Top Soil	0	4
	Brown Clay	4	60
	Grey Shale	60	70
	Grey loose Limestone	70	92
	Grey Shale	75	92
	Grey Limestone	92	110
	Grey Shale	110	126
	Grey loose Limestone	126	130
(use a second sheet if needed)			

16 Remarks: elevation
owner will install well slab

Topography:
 Hill
 Slope
 Upland
 Valley

1320'

4 Well depth: **120** ft. Date of completion: **7-24-75**
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 **PVC** Height: above/surface
Threaded Welded Surface **24** in.
Diam. _____ Weight **2.33** lbs./ft.
0 in. to **120** ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth

8 Screen:
Manufacturer **Pump Co**
Type **PVC** Dia. **5"**
Slot/gauge **1080** Length **20**
Set between **60** ft. and **80** ft.
Fittings:
Gravel pack Yes No Size range of material **1/8"**

9 Static water level: **NOT MEASURED**
68 ft. below land surface Date **7-24-75**

10 Pumping level below land surfaces: **AIR TEST**
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **8** g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion: **Capped**
 Pitless adapter **24** Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From **0** ft. to **10** ft.

14 Nearest source of possible contamination:
ft. **100** Direction **S** Type **S. Tank**
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

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. Inc 182
Business name _____ License No. _____
Address: **REDI Holton KS**
Signed: **Dale Rabson** Date **7-30-75**
Authorized representative

8 9E 23 11-11-75