

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

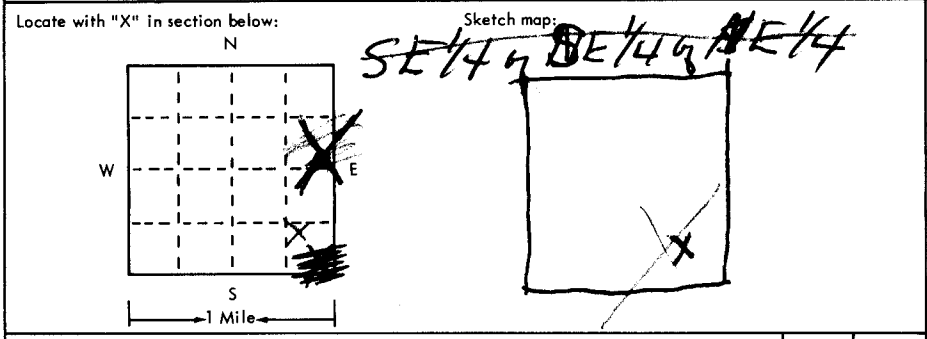
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215
~~NE SE SE~~
~~SE 1/4 SW 1/4~~

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

1 Location of well: County Riley Township name Wildcat Fraction ~~SE 1/4~~ Section number -36 Town number T9 south Range number R6 E

Distance and direction from nearest town or city: 1/4 E of Keats
Street address of well location if in city: on 412
3 Owner of well: Melvin Nelson
Address: R1 Manhattan, KS



4 Well depth: 82 ft. Date of completion 2-21-75
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 below
Threaded Welded Surface 4 1/2"
Diam. 5 in. to 82 ft. depth Weight 160 lbs./ft.
Drive shoe? Yes No
5 in. to 0 ft. depth

2	Type and color of material	From	To
	<u>0-6 top soil</u>		
	<u>6-17 Clay & loose rock</u>		
	<u>17-22 rock - Lms</u>		
	<u>22-26 loose rock</u>		
	<u>26-27 rock Limestone</u>		
	<u>27-34 Blue shale</u>		
	<u>34-38 Rock Limestone</u>		
	<u>38-48 Blue shale</u>		
	<u>48-62 Brown shale</u>		
	<u>62-67 Hard Blue shale</u>		
	<u>67-82 Blue shale</u>		

8 Screen: Jet Stream
Manufacturer PVC Dia. 5"
Type slotted Slot/gauge 0.60 Length 20
Set between 62 ft. and 82 ft.
Fittings: Gravel pack Yes No Size range of material 1/16
9 Static water level: 20 ft. below land surface Date 2-21-75
10 Pumping level below land surfaces: NA
NA ft. after ___ hrs. pumping ___ g.p.m.
NA ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 g.p.m.
11 Water sample submitted: Yes No Date ___
12 Well head completion: 4 feet
 Pitless adapter inches above grade
13 Well grouted? Yes No
 Neat cement Bentonite
Depth: From 0 ft. to 20 ft.
14 Nearest source of possible contamination: dry creek
ft. 200 Direction East 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.p.m.
Type: Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation 1120
Topography: Hill Slope Upland 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.
Business name Blue Valley Drilling License No. 234
Address Blue Valley, KS
Signed [Signature] Date ___
Authorized representative Blue Valley Drilling

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

Blue Valley Drilling
Blue Valley, KS
[Signature]
MAR 8 1975