

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

1 Location of well:		County <b>Riley</b>	Township name <b>GRANT</b>	Fraction <b>NE 1/4 SW 1/4 NW 1/4</b>	Section number <b>14</b>	Town number <b>9</b>	Range number <b>7. E.</b>
Distance and direction from nearest town or city: <b>6m. NE of Manhattan</b>				3 Owner of well: <b>Thompson Realty</b> Address: <b>Manhattan, Ks. 66502</b>			
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: <b>201</b> ft. Date of completion <b>10/27/75</b> Well diameter <b>7</b> 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 <input type="checkbox"/>	
						7 Casing: Material <b>PVC</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>30</b> in. Diam. <b>5</b> in. to <b>201</b> ft. depth; Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth;	
						8 Screen: Manufacturer <b>Pump &amp; Supply</b> Type <b>Sch 40</b> Dia. _____ Slot/gauze <b>Slot</b> Length _____ Set between <b>185</b> ft. and <b>195</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2"</b>	
						9 Static water level: <b>185</b> ft. below land surface Date <b>10/28/75</b>	
						10 Pumping level below land surfaces: <b>185</b> ft. after <b>4</b> hrs. pumping <b>12</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <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 <b>13</b> ft. to <b>25</b> ft.	
						14 Nearest source of possible contamination: ft. <b>100</b> Direction <b>SE</b> Type <b>TANK</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Demester Pumps</b> Model number <b>1706P</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>190</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" 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		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. <b>Ray Ensey Well Drilling 202A</b> Business name _____ License No. _____ Address <b>1044 MADONIAK KAN. 66502</b> Signed <b>Ray Ensey</b> Date <b>10/27/75</b> Authorized representative					
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T-9S R7E Sec. 14 NESW NW

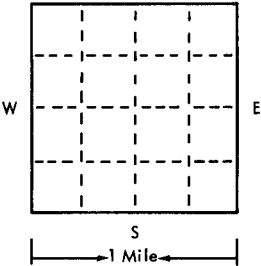
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

*Continued*

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1 Location of well:	County <b>Riley</b>	Township name	Fraction	Section number	Town number	Range number
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: <b>Thompson Realty</b> Address:		
Locate with "X" in section below: N  S 1 Mile				Sketch map:		4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in.
2				Type and color of material		5 <input 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
				From To		6 Use: <input 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 yellow		7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth
				red clay		8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
				rock yellow		9 Static water level: _____ ft. below land surface Date _____
				green shale		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
				rock yellow water		11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
				gray shale		12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
				rock		13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.
				Blue shale		14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
				(use a second sheet if needed)		15 Pump: <input 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				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. <b>Ray Easley Well Drilling 2020</b> Business name _____ License No. _____ Address <b>RR#4 Manhattan, KS 66507</b> Signed <b>Ray Easley</b> Date <b>10/20/20</b> Authorized representative		

T9S R7E Sec 14 NE SW NW.