

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

WATER WELL RECORD
KSA 82a-1201-1215

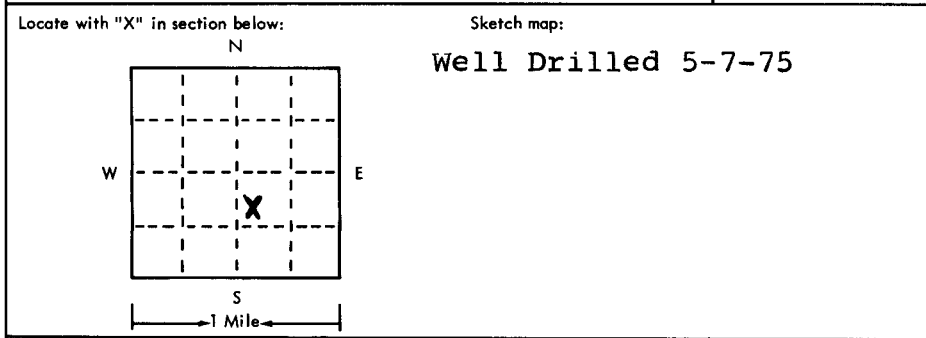
T R EW sec 1/4 1/4 1/4 No.

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

1 Location of well:	County Stanton	Township name	Fraction SW 1/4, NW 1/4, SE 1/4	Section number 26	Town number T 29 S	Range number R 42 W
---------------------	--------------------------	---------------	---	-----------------------------	------------------------------	-------------------------------

Distance and direction from nearest town or city:
1 3/4 S., 1/2 E., & 1/4 SE of Manter
Street address of well location if in city:

3 Owner of well: **Robert Wilkerson**
Address: **Manter, Kansas**



4 Well depth: **515** ft. Date of completion **6-25-75**
Well diameter **26** 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 **Steel** Height: **above** below
Threaded Welded Surface **12** in.
Diam. Weight **36** lbs./ft.
16 in. to **515** ft. depth Drive shoe? Yes No
___ in. to ___ ft. depth

2	Type and color of material	From	To
	See Attachment		

8 Screen: Manufacturer _____
Type **Mill Slot** Dia. **16"**
Slot/gauze **060** Length **110'**
Set between **470**ft. and **515** ft. **1/4**to
Fittings: **385'** **450'**
Gravel pack Yes No Size range of material **1/8**

9 Static water level:
270ft. below land surface Date **6-25-75**

10 Pumping level below land surfaces:
406 ft. after ___ hrs. pumping **500** g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion: **12**
 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 observed**
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

Topography:
 Hill **Flat**
 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.
Henkle Drilling & Supply 145
Business name License No.
Address **Box 639 Garden City, KS**
Signed **James W. Henkle** Date **7-10-75**
Authorized representative

