

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

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well:	County: <u>Riley</u>	Fraction: <u>SW 1/4 SW 1/4 SW 1/4</u>	Section number: <u>5</u>	Township number: <u>T 10 S R 7 E W</u>	Range number: <u>7 E W</u>
2. Distance and direction from nearest town or city: <u>2.5 NW OF</u>			Owner of well: <u>CHARLES HUGHES</u>		
Street address of well location if in city: <u>MANHATTAN</u>			City, state, zip code: <u>RRI MANHATTAN, Ks.</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>100</u> ft. <u>5-11-78</u>	
				7. Cable tool <input checked="" 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	
5. Type and color of material		From	To	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <u>PVC</u> Height: <input checked="" type="checkbox"/> Above or below Threaded _____ Welded _____ Surface <u>29</u> in. RMP _____ PVC <u>96</u> Weight <u>2.50</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1279</u>	
TOP SOIL		0	3	10. Screen: Manufacturer's name <u>PUMP CO MPE</u> Type <u>PVC</u> Dia. <u>5"</u> <input checked="" type="checkbox"/> Slot gauze <u>.020</u> Length <u>30</u> Set between <u>70</u> ft. and <u>100</u> ft. _____ ft. and _____ ft.	
CLAY BROWN		3	40	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>10/30/100</u>	
CHERT GRUVEL		40	42	11. Static water level: _____ mo./day/yr. <u>65</u> ft. below land surface Date <u>5-11-78</u>	
CLAY BROWN		42	58	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ <u>50</u> g.p.m.	
SHALE GREY		58	76	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
LIMESTONE YELLOW BROKEN		76	78	14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>29</u> inches above grade	
SHALE GREY		78	90	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>20</u> ft.	
LIMESTONE GREY		90	95	16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>N</u> Type <u>SEPTIC</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SHALE GREY		95	100	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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	
		(Use a second sheet if needed)		20. 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. <u>STRADER DAIG CO INC 182</u> Business name _____ License No. _____ Address <u>RTI MANHATTAN, KS</u> Signed <u>Dale Peshon</u> Date <u>5-15-78</u> Authorized representative	
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	<u>OWNER TO INSTAL SLAB</u>		<p>10</p> <p>17</p> <p>5</p> <p>SUSUSU</p>		

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5