

26

at head end

turn on other side of bridge (E side) of bridge low house

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

N.W. Mary Co. SW SW NW

1. Location of well: County <b>Riley</b>		Fraction <b>SW 1/4 NW 1/4 NW 1/4</b>		Section number <b>5</b>		Township number <b>T 7<sup>10</sup> S R 4<sup>7</sup> E W</b>		Range number	
2. Distance and direction from nearest town or city: <b>1.9 E of KEATS</b>				3. Owner of well: <b>Bob Clark</b> R.R. or street: City, state, zip code: <b>MANHATAN</b>					
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: well X 100' Creek		6. Bore hole dia. <b>8</b> in. Completion date <b>4-11-77</b> Well depth <b>100</b> ft.			
5. Type and color of material				From		To		7. <input checked="" type="checkbox"/> 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	
TOP SOIL				0		5		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	
Shale, grey, Red, Limestone, grey				5		50		9. Casing: Material <b>PVC</b> Height: <b>above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>3.48</b> in. RMP <input type="checkbox"/> PVC <b>9L</b> Weight <b>2.58</b> lbs./ft. Dia. <b>5</b> in. to <b>100</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>258</b>	
Limestone, yellow				50		53		10. Screen: Manufacturer's name <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5</b> Slot gauge <b>1060</b> Length <b>20</b> Set between <b>40</b> ft. and <b>60</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>20X60</b>	
Shale, Red, grey, Limestone, shaly				53		100		11. Static water level: <b>45</b> ft. below land surface Date <b>4-11-77</b> mo./day/yr.	
(Use a second sheet if needed)								12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>4</b> g.p.m.	
								13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date	
								14. Well head completion: <b>CAP</b> <input type="checkbox"/> Pitless adapter <b>48</b> inches above grade	
								15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>15</b> ft.	
								16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>S</b> Type <b>DRINKING</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								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 checked="" type="checkbox"/> Other	
18. Elevation: <b>1160</b> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>owner will instal slab</b>		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. <b>STEVEN DARY G. HARRIS</b> Business name <b>RTI MATHEMATICS</b> License No. ____ Address <b>RTI MATHEMATICS</b> Signed <b>Bob Clark</b> Date <b>4-11-77</b> Authorized representative					

T 7 10 S R 4 7 E W Sec 5

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

Form WWC-5