

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 Riley	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 5	Township number T 10 S R 7 E W	Range number
2. Distance and direction from nearest town or city: 2 SE OF			3. Owner of well: JOHN BATH		
Street address of well location if in city: HEATS			City, state, zip code: RR 5 MANHATTAN		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date _____ Well depth 120 ft. 5-25-78	
		<p style="text-align: center;">300' --- X well</p>		7. <input 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	
				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	
5. Type and color of material			From	To	9. Casing: Material PVC Height: above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC 9L Weight 250 lbs./ft. Dia. 5 in. to 120 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. .279
					10. Screen: Manufacturer's name Pumpco MPI Type PVC Dia. 5 <input checked="" type="checkbox"/> No gauze .020 Length 10 Set between 96 ft. and 108 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 10/30/100
Top soil			0	3	11. Static water level: _____ mo./day/yr. 75 ft. below land surface Date 5-25-78
Clay brown			3	29	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.m.
Limestone, grey, flint			29	39	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
Shale, grey, red			39	67	14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 24 inches above grade
Limestone, grey, yellow			67	101	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 5 ft. to 15 ft.
Limestone, yellow			101	102	16. Nearest source of possible contamination: ft. 300 Direction W Type Creek Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Shale, grey, red			102	120	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)					
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	owner to install slab		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. STRAKER Dalg Co Inc 182 Business name License No. Address RT 1 HOLTON, KS Signed Dale Ashburn Date 5-26-78 Authorized representative		

10-7-78
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5