

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

LOT # 34

1. Location of well:		County <u>Riley</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section number <u>10</u>	Township number <u>T 10 S</u>	Range number <u>R 7 E</u>
2. Distance and direction from nearest town or city: <u>.5 W OF</u>			3. Owner of well: <u>LITTLE KITTEN CR. INC.</u>			
Street address of well location if in city: <u>MANHATTAN</u>			R.R. or street: <u>KR19 Indiana</u>			
			City, state, zip code: <u>MANHATTAN, KS</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>5-4-78</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		
				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: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <u>4L</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>100</u> ft. depth gage No. <u>274</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>PUMCO MPI</u>		
<u>TOP SOIL</u>		<u>0</u>	<u>3</u>	Type <u>PVC</u> Dia. <u>5</u>		
<u>CLAY BROWN</u>		<u>3</u>	<u>22</u>	Slot/gauze <u>1020</u> Length <u>40</u>		
<u>CHERT GRAVEL</u>		<u>22</u>	<u>23</u>	Set between <u>15</u> ft. and <u>55</u> ft.		
<u>SHALE, GREY, BIK</u>		<u>23</u>	<u>33</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>103 X 1080</u>		
<u>LIMESTONE BROWN</u>		<u>33</u>	<u>36</u>	11. Static water level: <u>20</u> ft. below land surface Date <u>5-4-78</u>		
<u>SHALE, GREY, GYP</u>		<u>36</u>	<u>78</u>	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>6</u> g.p.m.		
<u>LIMESTONE GREY SHALEY</u>		<u>78</u>	<u>95</u>	13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No Date ____		
<u>SHALEY WHITE GYP</u>		<u>95</u>	<u>99</u>	14. Well head completion: <u>CAP</u> ____ Pitless adapter <u>24</u> inches above grade		
<u>SHALE GREY</u>		<u>99</u>	<u>100</u>	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>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>E</u> Type <u>SEPTIC</u> 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: ____ Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> ____ Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> ____ Centrifugal <input type="checkbox"/> Other <input type="checkbox"/>		
				(Use a second sheet if needed)		
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 INSTALL SIAB</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>STRADER DRIG Co Inc 182</u> Business name _____ License No. _____ Address <u>RT 1 Manhattan, KS</u> Signed <u>Dale Bohm</u> Date <u>5-6-78</u> Authorized representative		

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

Form WWC-5