

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 #10

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</u>	Range number <u>R 7 E W</u>
2. Distance and direction from nearest town or city: <u>1.5 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>1919 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 _____		
				Well depth <u>120</u> ft. <u>5-9-78</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>92</u> Weight <u>250</u> lbs./ft.		
				Dia. <u>5</u> in. to <u>200</u> ft. depth Wall Thickness: inches or		
				Dia. _____ in. to _____ ft. depth gage No. <u>1274</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name		
<u>TOP SOIL</u>		<u>0</u>	<u>3</u>	<u>KUMPCO MPI</u>		
<u>Clay Brown</u>		<u>3</u>	<u>27</u>	Type <u>PVC</u> Dio. <u>5</u>		
<u>CHERT GRAVEL</u>		<u>27</u>	<u>29</u>	Log gauze <u>.020</u> Length <u>30</u>		
<u>Shale, Limestone grey</u>		<u>29</u>	<u>100</u>	Set between <u>26</u> ft. and <u>46</u> ft.		
				_____ ft. and _____ ft.		
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>.030/0.080</u>		
				11. Static water level: _____ mo./day/yr.		
				<u>20</u> ft. below land surface Date <u>5-9-78</u>		
				12. Pumping level below land surfaces:		
				_____ ft. after _____ hrs. pumping <u>15</u> g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr.		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <u>CAP</u>		
				<input type="checkbox"/> Pitless adapter <u>24</u> 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 <u>0</u> ft. to <u>15</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:		
				<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:	<u>OWNER TO INSTALL SLOB</u>		This well was drilled under my jurisdiction and this report			
<input type="checkbox"/> Hill			is true to the best of my knowledge and belief.			
<input checked="" type="checkbox"/> Slope			<u>Strader Dalg Co Inc 112</u>			
<input type="checkbox"/> Upland			Business name _____ License No. _____			
<input type="checkbox"/> Valley			Address <u>RT 1 HOLTAN, KS</u>			
			Signed <u>Paul Roberson</u> Date <u>5-11-78</u>			
			Authorized representative			

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10-20-10 NE 1/4 E 1/4

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

Form WWC-5