

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<br><b>Riley</b>         | Fraction<br><b>SE 1/4 SE 1/4 SE 1/4</b>  | Section number<br><b>32</b>  | Township number<br><b>T 10 S R 7 E/W</b> | Ronge number<br><b>7</b> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:   |  |                                | 3. Owner of well: <b>DRAKE RICHARDSON</b><br>R.R. or street:<br>City, state, zip code: <b>MANHATTAN, KS.</b> |  |  |                          |
| 4. Locate with "X" in section below:  |  | Sketch map:                    |  | 6. Bore hole dia. <b>8</b> in. Completion date _____<br>Well depth <b>50</b> ft. <b>4-30-76</b>  |  |                          |
|   |  |                                |  | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |  |                          |
|   |  |                                |  | 9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in.<br>RMP <input type="checkbox"/> PVC <b>96</b> Weight <b>2.58</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>50</b> ft. depth; Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth; gage No. <b>258</b>   |  |                          |
|   |  |                                |  | 10. Screen: Manufacturer's name _____<br>Type <b>PVC</b> Dia. <b>5"</b><br><input checked="" type="checkbox"/> Slot gauze <b>.060</b> Length <b>5'</b><br>Set between <b>45</b> ft. and <b>50</b> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 X 1/8</b>   |  |                          |
|   |  |                                |  | 11. Static water level: _____ mo./day/yr.<br><b>30</b> ft. below land surface Date <b>4-30-76</b>  |  |                          |
|   |  |                                |  | 12. Pumping level below land surfaces: <b>AIR TEST</b><br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>100</b> g.p.m.  |  |                          |
|   |  |                                |  | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____  |  |                          |
|   |  |                                |  | 14. Well head completion: <b>CAPPED</b><br><input type="checkbox"/> Pitless adapter <b>24</b> inches above grade   |  |                          |
|   |  |                                |  | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.   |  |                          |
|   |  |                                |  | 16. Nearest source of possible contamination:<br>ft. <b>100</b> Direction <b>NW</b> Type <b>SEPTIC</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |                          |
|   |  |                                |  | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |                          |
|   |  | (Use a second sheet if needed) |  |  |  |                          |
| 18. Elevation:  |  | 19. Remarks:                   |  | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Stander DRLg Co Inc 182</b><br>Business name _____ License No. _____<br>Address <b>RT1 Holton, KS</b><br>Signed <b>Bob Paterson</b> Date <b>5-4-76</b><br>Authorized representative  |  |                          |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley |  | <b>OWNER WILL INSTAL SLAB</b>  |  |  |  |                          |

T 10 S R 7 E/W Sec 32 SE SE SE

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

Form WWC-5