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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

NE SW NW

1. Location of well:		County <b>Riley</b>	Fraction <del>NE 1/4 NE 1/4 NE 1/4</del>	Section number <b>32</b>	Township number T <b>10</b>	Range number S <b>R 7</b>	<b>AW</b>
2. Distance and direction from nearest town or city: <b>2 NE OF</b> Street address of well location if in city: <b>0d90N</b>				3. Owner of well: <b>Carson mobil Homes Sales</b> R.R. or street: <b>RT 1</b> City, state, zip code: <b>MANHATTAN, KS</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>50</u> ft. <b>7-8-77</b>		
					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		
5. Type and color of material		From	To	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			
Top Soil		0	6	9. Casing: Material <u>PVC</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>20</u> in. RMP <u>PVC 96</u> Weight <u>2.50</u> lbs./ft. Dia. <u>5</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>251</u>			
Sandy Clay		6	20	10. Screen: Manufacturer's name _____ Type <u>MPT</u> Dia. <u>5</u> Gauge <u>020</u> Length <u>10</u> Set between <u>40</u> ft. and <u>50</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: <u>030x060</u>			
Fine Sand		20	38	11. Static water level: _____ mo./day/yr. <u>22</u> ft. below land surface Date <b>7-8-77</b>			
Gravel		38	50	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.			
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
				14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>29</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>5</u> ft. to <u>15</u> ft.			
				16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>N</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: <u>1040</u>		19. Remarks: <u>OWNER TO INSTAL slab</u>		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. <u>STRADER Delq Co Inc 182</u> Business name _____ License No. _____ Address <u>Wolton, KS</u> Signed <u>Walter Robinson</u> Date <b>7-11-77</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley							

L 0 - 20 32 - 1/4 NE NE NE

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

Form WWC-5