

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 <u>WATOMIE</u> POTAWATOMIE		Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>		Section number <u>10</u>	Township number <u>T 10 S</u>	Range number <u>R 8 E/W</u>
2. Distance and direction from nearest town or city: <u>4 W 5 S</u>			3. Owner of well: <u>JERRY PERRY</u>			
Street address of well location if in city: <u>OF MANHATTAN</u>			R.R. or street: _____			
City, state, zip code: <u>MANHATTAN - RR 5</u>			_____			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date _____		
				Well depth <u>45</u> ft. <u>9-6-76</u>		
				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		
				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>9L</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>224</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____ <u>PUMPCO</u>		
<u>TOP SOIL</u>		<u>0</u>	<u>6</u>	Type <u>PVC</u> Dia. <u>5</u>		
<u>SANDY CLAY (FINE)</u>		<u>6</u>	<u>31</u>	Slab/gauze <u>020</u> Length <u>7</u>		
<u>FINE SAND</u>		<u>31</u>	<u>36</u>	Set between <u>38</u> ft. and <u>45</u> ft. ft. and _____ ft.		
<u>COURSE SAND - GRAVEL</u>		<u>36</u>	<u>45</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/30/10/60</u>		
				11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>9-6-76</u>		
				12. Pumping level below land surfaces: <u>AIR TEST</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</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> <u>24</u> Pitless adapter _____ Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input 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>100</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: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<u>OWNER WILL INSTAL SLAB</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>STANLEY DALEY Co Inc 182</u> Business name _____ License No. _____ Address <u>RT 1 HOLTON, KS</u> Signed <u>DALE ARSHAM</u> Date <u>9-7-76</u> Authorized representative		

T 10 S R 8 E/W 10 SESEF 1/4 1/4 1/4

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

Form WWC-5