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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

3 c 4

1. Location of well: County <u>Riley</u> Fraction <u>SE 1/4 SE 1/4 SW 1/4</u> Section number <u>1516</u> Township number <u>T 10 S R 8</u> Range number <u>8</u> <u>OW</u>	
2. Distance and direction from nearest town or city: <u>2 Miles east Manhattan</u> Street address of well location if in city: _____	
3. Owner of well: <u>City of Manhattan</u> R.R. or street: _____ City, state, zip code: <u>Manhattan</u>	
4. Locate with "X" in section below: Sketch map: <u>* Contamination Observation Well</u>	
6. Bore hole dia. <u>10</u> in. Completion date <u>5/14/77</u> Well depth <u>27</u> ft.	
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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other	
9. Casing: Material <u>PVC</u> Height: (Above or below) _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>17</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>337</u>	
5. Type and color of material	
<u>5 A</u>	From To
<u>Sandy loam</u>	0 13
<u>Blue medium and fine sand</u>	13 27
10. Screen: Manufacturer's name <u>Pumpco</u> <u>(MPT)</u> Type <u>slotted</u> Dia. <u>4</u> in. (Slot) gauge <u>.030</u> Length <u>10</u> ft. Set between <u>17</u> ft. and <u>27</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2</u> in.	
11. Static water level: _____ no./day/yr. <u>15</u> ft. below land surface Date <u>5/14/77</u>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
13. Water sample submitted: _____ no./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>5/14/77</u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>16</u> cap _____ inches above grade	
15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>6</u> ft. <u>0'-10'</u>	
16. Nearest source of possible contamination: _____ ft. <u>1000</u> Direction <u>East</u> Type <u>Equistone</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>1010</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks:
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>Blue Valley Drilling 234</u> Business name License No. Address <u>Blue Key's Ka</u> Signed <u>Paul Smith</u> Date <u>8/23/77</u> Authorized Representative	

L 0 - 80 1/5 SE SE SW
1/4 1/4 1/4

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

Form WWC-5