

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

2 0 1/4

1. Location of well:	County Riley	Fraction SE 1/4 SE 1/4 SW 1/4	Section number 15/6	Township number T 10 S R	Range number 8 E/W																					
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:																							
2 Miles east Manhattan			City of Manhattan Manhattan 66502																							
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>10</u> in. Completion date <u>4/15/77</u> Well depth <u>46</u> ft.																							
<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> </div> <div> <p>* Contamination Observation Well</p> </div> </div>			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																							
5. Type and color of material			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 <input type="checkbox"/> lbs./ft. Dia. <u>4</u> in. to <u>46</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>337</u>																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Type and color of material</th> <th style="width: 10%;">From</th> <th style="width: 10%;">To</th> </tr> </thead> <tbody> <tr> <td>7 B</td> <td></td> <td></td> </tr> <tr> <td>Sandy loam</td> <td>0</td> <td>15</td> </tr> <tr> <td>Brown medium sand</td> <td>15</td> <td>29</td> </tr> <tr> <td>Gray soft clay</td> <td>29</td> <td>32</td> </tr> <tr> <td>Gray medium and coarse sand</td> <td>32</td> <td>45</td> </tr> <tr> <td>Blue shale</td> <td>45</td> <td></td> </tr> </tbody> </table>			Type and color of material	From	To	7 B			Sandy loam	0	15	Brown medium sand	15	29	Gray soft clay	29	32	Gray medium and coarse sand	32	45	Blue shale	45		10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>slotted</u> Dia. <u>4</u> in. (Slot/gauze <u>.060</u> Length <u>10</u> ft.) Set between <u>36</u> ft. and <u>46</u> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2</u> in.		
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			11. Static water level: <u>15</u> ft. below land surface Date <u>4/15/77</u> ^{mo./day/yr.}																							
			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: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																							
			14. Well head completion: ____ Pitless adapter <u>16" cap</u> inches above grade																							
			15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> 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>Farmstead</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 Rapids Kan</u> Signed <u>Sheld Smith</u> Date <u>8/23/77</u> Authorized representative																						

10' - 80' W 1/4 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