42

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

4 C 1/4

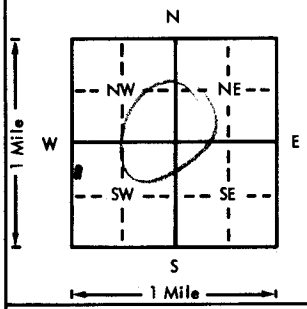
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Riley	~~NW 1/4 NW 1/4 SW~~ 1/4	~~15~~ 16	T 10 S	R 8 E W

2. Distance and direction from nearest town or city: 2 Miles east Manhattan
Street address of well location if in city:

3. Owner of well: City of Manhattan
R.R. or street:
City, state, zip code: Manhattan

4. Locate with "X" in section below: Sketch map:



* Contamination Observation Well

6. Bore hole dia. 10 in. Completion date 4/13
Well depth 27 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
* __ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water X Other

9. Casing: Material PVC Height (Above) or below
Threaded ___ Welded X Surface 18 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 4 in. to 17 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 337

5. Type and color of material: 2 A	From	To
Sandy loam	0	18
Brown fine and medium sand	18	27

10. Screen: Manufacturer's name ~~Pumpco~~ (MPI)
Type ~~slotted~~ Dia. 4 in.
(Slot/gauze) .030 Length 10 ft.
Set between 17 ft. and 27 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/4 in.

11. Static water level: mo./day/yr.
15 ft. below land surface Date 4/13/77 MHC

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 X No Date

14. Well head completion:
__ Pitless adapter 16" cap Inches above grade

15. Well grouted? yes
With: __ Neat cement X Bentonite __ Concrete not c
Depth: From ~~0~~ ft. to ~~6~~ ft. 0 to 10

16. Nearest source of possible contamination:
ft. 1000 Direction East Type Farmstead
Well disinfected upon completion? X Yes MHC No

17. Pump: X Not installed
Manufacturer's name
Model number HP Volts
Length of drop pipe ft. capacity g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

(Use a second sheet if needed)

T 10 R 8 W Sec 16 1/4 1/4 1/4 NW NW SW

18. Elevation: 1010
Topography:
__ Hill
__ Slope
__ Upland
N 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.
Blue Valley Drilling 234
Business name License No.
Address Blue Rapids Kansas
Signed [signature] Date
Authorized representative 8/23/77

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

Form WWC-5

MI-1023