

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 Riley		Fraction NW 1/4 NW 1/4 SW 1/4	Section number 15/6	Township number T 10 S R 8	Range number 8 (EW)
2. Distance and direction from nearest town or city: 2 Miles east Manhattan			3. Owner of well: City of Manhattan		
Street address of well location if in city:			R.R. or street: City, state, zip code: Manhattan		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date 4/13/77 Well depth <u>26</u> ft.	
		<p style="font-size: 2em; text-align: center;">* Contamination Observation Well</p>		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		From	To	9. Casing: Material <u>PVC</u> Height: (Above or below)	
Sandy loam		0	15	Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in.	
Brown fine sand medium sand		15	26	RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.	
				Dia. <u>4"</u> in. to <u>15</u> ft. depth Wall Thickness _____ inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>0337</u>	
				10. Screen: Manufacturer's name <u>Pumco</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>16</u> ft. and <u>26</u> ft. <input checked="" type="checkbox"/> ft. and _____ ft.	
				Gravel pack? <input type="checkbox"/> Size range of material <u>1/4 in.</u>	
				11. Static water level: _____ no./day/yr. <u>15</u> ft. below land surface Date 4/13/77 hmc	
				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 _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>16"</u> cap inches above grade	
				15. Well grouted? <u>YES</u> mnc 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 to 10</u>	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes hmc	
				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>		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 <u>Blue Rapids, Kansas</u> Signed <u>David Stute</u> Date <u>8/23/77</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

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

Form WWC-5