60

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

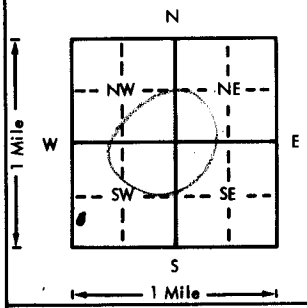
1. Location of well:	County: Riely	Fraction: C ¼ ~~NW 1/4 NW 1/4 SW~~ 1/4	Section number: ~~15~~ 16	Township number: T 10 S	Range number: R 8 (E) W

2. Distance and direction from nearest town or city: 2 Miles 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 66502

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



* Contamination Observation Well

5. Type and color of material: 1 B	From	To
Sandy loam	0	15
Brown fine and medium sand	15	28
Soft gray clay	28	30
Gray fine to course sand	30	43
White shale and rock	43	

(Use a second sheet if needed)

6. Bore hole dia. 10 in. Completion date 4/12/77
Well depth 44½ 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 44½ ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 337

10. Screen: Manufacturer's name ~~Plumpee~~ (MPT)
Type slotted Dia. 4 in.
Slot/gauze .060 Length 10 ft.
Set between 34½ ft. and 44½ ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material ¼ in.

11. Static water level:
15 ft. below land surface Date 4/15/77 (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 X No Date 4/15/77

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

15. Well grouted? yes
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 6 ft. 0'-10'

16. Nearest source of possible contamination:
ft. 1000 Direction East Type Farmstead NC
Well disinfected upon completion? X Yes __ 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

18. Elevation: 1010
Topography:
__ Hill
__ Slope
__ Upland
X 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 Kan
Signed [signature] Date 8/23/77
Authorized representative

T 10 — R 8 (E) W — Sec 15 — 1/4 1/4 1/4 NW SW

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

Form WWC-5

MI-1023