

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 <u>Riley</u> Fraction <u>SE 1/4 SE 1/4 SE 1/4</u> Section number <u>17</u> Township number <u>T 10 S R 8</u> Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>IN MANHATTAN</u> Street address of well location if in city: <u>. 3 SE</u>	
3. Owner of well: <u>KAW VALLEY Greenhouse</u> R.R. or street: <u>RFD 5</u> City, state, zip code: <u>MANHATTAN KS</u>	
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Sketch map:</p> </div> </div>	
5. Type and color of material	
	From To
<u>TOP SOIL</u>	0 6
<u>SANDY CLAY (BROWN)</u>	6 28
<u>FINE SAND - COARSE SAND</u>	28 30
<u>COURSE SAND - MEDIUM GRAVEL</u>	30 45
6. Bore hole dia. <u>10</u> in. Completion date <u>9-17-76</u> Well depth <u>45</u> ft.	
7. <input checked="" 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threading: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP: <input type="checkbox"/> PVC <u>91</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>45</u> ft. depth gage No. <u>258</u>	
10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5</u> <input checked="" type="checkbox"/> Slotted gauze <u>.020</u> Length <u>10</u> Set between <u>35</u> ft. and <u>45</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: <u>.030 x .060</u>	
11. Static water level: <u>20</u> ft. below land surface Date <u>9-17-76</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 <u>50</u> g.p.m.	
13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date	
14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>15</u> ft.	
16. Nearest source of possible contamination: ft. <u>8000</u> Direction <u>SW</u> Type <u>SEPTIC</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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <u>OWNER WILL INSTALL SLAB</u>
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>Strader Dalg Co Inc 182</u> Business name License No. Address <u>RT1 Holton, KS</u> Signed <u>Dale Dalg</u> Date <u>9-17-76</u> Authorized representative	

T 10 S R 8 E W 17 Sec 1/4 1/4 1/4

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

Form WWC-5