

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>NE 1/4 NE 1/4 SW 1/4</u>	Section number: <u>26</u>	Township number: <u>T 10 S</u>	Range number: <u>R 8 E</u>
2. Distance and direction from nearest town or city: <u>3 1/2 W and 1/2 South from Zandale, Ks.</u>			3. Owner of well: <u>Haward Bickman</u> R.R. or street: <u>R 2</u> City, state, zip code: <u>Manhattan, Ks.</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>7</u> in. Completion date: <u>2-20-76</u> Well depth <u>103</u> ft.		
		<p>7. <input checked="" type="checkbox"/> Cable tool <input 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</p> <p>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</p> <p>9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>30</u> in. RMP <u>PVC Sch 40</u> Weight <u>256</u> lbs./ft. Dia. <u>5</u> in. to <u>103</u> ft. depth Wall Thickness: inches or Dia. <u>  </u> in. to <u>  </u> ft. depth gage No. <u>14</u></p>		<p>10. Screen: Manufacturer's name <u>Pumpco Supply</u> Type <u>PVC Sch 40</u> Dia. <u>5"</u> Slot/gauze <u>slotted</u> Length <u>10'</u> Set between <u>  </u> ft. and <u>  </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>P-6</u></p>		
				<p>11. Static water level: <u>73</u> ft. below land surface Date <u>2/20/76</u></p> <p>12. Pumping level below land surfaces: <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. Estimated maximum yield <u>10</u> g.p.m.</p> <p>13. Water sample submitted: <u>  </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>  </u></p> <p>14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>20</u> inches above grade</p> <p>15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>7</u> ft. to <u>17</u> ft.</p> <p>16. Nearest source of possible contamination: ft. <u>120</u> Direction <u>SE</u> Type <u>TANK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Pump: <u>Not installed</u> Manufacturer's name <u>Donpaster</u> Model number <u>DA 75</u> HP <u>3/4</u> Volts <u>  </u> Length of drop pipe <u>91</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other</p>		
5. Type and color of material		From	To			
Top Soil & Greenish Clay		0	8			
Yellow Rock		8	12			
Green Shale		12	24			
Yellow Rock		24	30			
Yellow Clay		30	38			
Yellow Rock		38	42			
Gray shale		42	48			
Yellow Rock		48	50			
Red Clay		50	56			
Yellow Rock		56	61			
Green Shale		61	72			
Yellow Rock (water)		72	74			
Gray Shale		74	81			
Gray Rock		81	85			
Blue Shale		85	103			
(Use a second sheet if needed)						
18. Elevation:		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>Ray Enshley Well Drilling</u> Business name <u>PR #4 Manhattan Ks</u> License No. <u>  </u> Address <u>Ray Enshley</u> Signed <u>Ray Enshley</u> Date <u>2/20/76</u> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

10-80-26 NE NE SW