

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 Riley	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 30	Township number T 10 S	Range number R 8 E
2. Distance and direction from nearest town or city: 1 S of			3. Owner of well: RICHARD SMITH			
Street address of well location if in city: MANHATTAN			R.R. or street: 1900 COLLINS LANE			
			City, state, zip code: MANHATTAN, Kans. 66502			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 12 in. Completion date 8-16-78		
				Well depth 34 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 PVC Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 29 in. RMP PVC 9L Weight 2.58 lbs./ft. Dia. 5 in. to 34 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 1279		
5. Type and color of material		From	To	10. Screen: Manufacturer's name PUMPER, MPE		
TOP SOIL		0	6	Type PVC Dia. 5		
FINE SAND		6	18	<input checked="" type="checkbox"/> Gauze 1020 Length 10 Set between 29 ft. and 39 ft. ft. and <input type="checkbox"/> ft.		
FINE SAND - COARSE SAND		18	34	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1030x1060		
				11. Static water level: <input type="checkbox"/> mo./day/yr. 18 ft. below land surface Date 8-16-78		
				12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 20 g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 24 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 5 ft. to 15 ft.		
				16. Nearest source of possible contamination: ft. 100 Direction S Type SEPTIC Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		OWNER TO INSTALL SIAB		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. STRAIDER DRIG CO 182 Business name License No. Address RT 1 HOLTON, KS Signed Dale Cohen Date 8-17-78 Authorized representative		

10-8-6-30
T
R
W
E
S
C
1/4
1/4
1/4
1/4

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

Form WWC-5