

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>SW 1/4 NW 1/4 NE 1/4</u>	Section number <u>12</u>	Township number <u>T 8 S R 5 E/W</u>	Range number <u>5</u>
2. Distance and direction from nearest town or city: <u>Leonardville, Ks. - 1 mile N. - 1 3/4 East.</u>			3. Owner of well: <u>Robert Friedrich</u> R.R. or street: City, state, zip code: <u>Manhattan Ks. 66502</u>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date <u>1-13-76</u> Well depth <u>110</u> ft.	
5. Type and color of material		From	To	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	
<u>Yellow clay &amp; Gravel</u>		<u>0</u>	<u>5</u>	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	
<u>White Lime Rock</u>		<u>5</u>	<u>10</u>	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>78</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>110</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
<u>Yellow Clay</u>		<u>10</u>	<u>30</u>	10. Screen: Manufacturer's name <u>Jess Howell-Well Casings Co.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>40'</u> Set between <u>70</u> ft. and <u>110</u> ft. _____ ft. and _____ ft.	
<u>Brown "</u>		<u>30</u>	<u>43</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-1/2</u>	
<u>White Lime Rock</u>		<u>43</u>	<u>58</u>	11. Static water level: _____ mo./day/yr. <u>65</u> ft. below land surface Date <u>1-13-76</u>	
<u>Blue shale</u>		<u>58</u>	<u>68</u>	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.	
<u>Yellow Lime Rock</u>		<u>68</u>	<u>78</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
<u>Brown Clay</u>		<u>78</u>	<u>93</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade	
<u>Blue shale</u>		<u>93</u>	<u>98</u>	15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>15</u> ft.	
<u>Brown "</u>		<u>98</u>	<u>105</u>	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>W</u> Type <u>Barn</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Blue "</u>		<u>105</u>	<u>110</u>	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 checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Hampshire Service 176</u> Business name _____ License No. _____ Address <u>Blue Rapids Ks.</u> Signed <u>E. Haber</u> Date <u>1-13-76</u> Authorized representative	

8-5-76  
 W  
 Sec 12  
 1/4 1/4 1/4

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

Form WWC-5