

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 <b>RILEY</b>	Fraction <b>NW/4 NE1/4 SE1/4</b>	Section number <b>1</b>	Township number T <b>9</b> S R <b>5</b> E/W	
2. Distance and direction from nearest town or city: <b>1/2 Mi. EAST OF RILEY, KS.</b> Street address of well location if in city:			3. Owner of well: <b>JEFFERY HOLMS</b> R.R. or street: City, state, zip code: <b>RILEY, KS.</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia <b>8</b> in. Completion date <b>11-10-82</b> Well depth <b>96</b> ft.	
				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	
				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	
5. Type and color of material		From	To	9. Casing: Material <b>PVC</b> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. RMP <input type="checkbox"/> PVC <b>9L</b> Weight <b>283</b> lbs./ft. Dia. <b>5</b> in. to <b>96</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>258</b>	
Top Soil		1	10	10. Screen: Manufacturer's name <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5 in.</b> <input checked="" type="checkbox"/> Slot gauge <b>80</b> Length <b>20 FT.</b> Set between <b>55</b> ft. and <b>75</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 IN.</b>	
YELLOW CLAY		10	22	11. Static water level: _____ mo./day/yr. <b>50</b> ft. below land surface Date <b>11-10-82</b>	
YELLOW ROCK		22	27	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>BAIL TEST 20</b> g.p.m.	
RED CLAY		27	39	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
YELLOW ROCK		39	43	14. Well head completion: <b>CAP</b> <input type="checkbox"/> Pitless adapter <b>24</b> Inches above grade	
YELLOW CLAY		43	51	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>15</b> ft.	
YELLOW ROCK		51	55	16. Nearest source of possible contamination: ft. <b>250</b> Direction <b>NE</b> Type <b>SEPTIC</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
YELLOW CLAY		55	59	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	
YELLOW ROCK (WATER)		59	64	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. <b>RAY ENSHEY Drilling 202</b> Business name _____ License No. _____ Address <b>RT. 6 MANHATTAN</b> Signed <b>Ray Enshey</b> Date <b>11-10-82</b> Authorized representative	
GRAY SHALE		64	75		
GRAY ROCK		75	78		
BLUE SHALE		78	96		
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T - 9  
 R - 5  
 W - 5  
 Sec - 1  
 NW  
 NE  
 SE

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

Form WWC-5