

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 1/4 NW 1/4 NW 1/4</b>	Section number <b>9</b>	Township number <b>T 9 S</b>	Range number <b>R 6 E/W</b>
2. Distance and direction from nearest town or city: <b>3 E 15</b>			3. Owner of well: <b>mei STADEL</b>			
Street address of well location if in city: <b>OF RILEY</b>			R.R. or street: City, state, zip code: <b>BOX 204 RILEY</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>140</b> ft. <b>5-4-76</b>	
					7. 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	
5. Type and color of material		From	To	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		
TOP SOIL		0	4	9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>24</b> in. RMP _____ PVC <b>4L</b> Weight <b>2.58</b> lbs./ft. Dia. <b>5</b> in. to <b>140</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>258</b>		
BROWN CLAY		4	15	10. Screen: Manufacturer's name <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>.060</b> Length <b>20</b> Set between <b>100</b> ft. and <b>120</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>YAYIB</b>		
BROWN LIME (SOFT)		15	38	11. Static water level: _____ mo./day/yr. <b>110</b> ft. below land surface Date <b>5-4-76</b>		
Red shale		38	56	12. Pumping level below land surfaces: <b>AIR TEST</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>30</b> g.p.m.		
SOFT yellow shale		56	100	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Grey shale		100	110	14. Well head completion: <b>CAPPED</b> <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade		
yellow LIME (SOFT)		110	120	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>0</b> ft. to <b>10</b> ft.		
Grey shaley LIME		120	140	16. Nearest source of possible contamination: _____ ft. <b>150</b> Direction <b>SE</b> Type <b>SEPTIC</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)				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		
18. Elevation:	19. Remarks: <b>owne will INSTAL SLAB</b>			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>STADEL Dalg Co Inc 182</b> Business name _____ License No. _____ Address <b>RT 1 Holton, KS</b> Signed <b>Dale Haberm</b> Date <b>5-7-76</b> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 9 S R 6 E/W Sec 9 NW 1/4 1/4 1/4

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

Form WWC-5