

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

lot # 3

1. Location of well: County <u>Riley</u>		Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>		Section number <u>36</u>	Township number <u>T 9 S R 6 E/W</u>	Range number <u>6</u>
2. Distance and direction from nearest town or city: <u>3 W</u>				3. Owner of well: <u>JACK Neef RR 1</u>		
Street address of well location if in city: <u>OF KEATS</u>				R.R. or street: <u>MANHATTAN, KS</u>		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <u>8</u> in. Completion date <u>7-2-76</u>		
				Well depth <u>140</u> 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		
5. Type and color of material				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 <u>PVC</u> Height: <u>Above</u> or below		
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in.		
				RMP <u>PVC 9L</u> Weight <u>2.58</u> lbs./ft.		
				Dia. <u>5</u> in. to <u>140</u> ft. depth Wall thickness: inches or		
				Dia. <u>5</u> in. to <u>140</u> ft. depth gage No. <u>0.74</u>		
				10. Screen: Manufacturer's name <u>PUMPCO</u>		
				Type <u>PVC</u> Dia. <u>5</u>		
				Slot/gauge <u>0.60</u> Length <u>30</u>		
				Set between <u>60</u> ft. and <u>80</u> ft.		
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 X 1/8</u>		
				11. Static water level: <u>60</u> ft. below land surface Date <u>7-2-76</u>		
				12. Pumping level below land surfaces: <u>AIR TEST</u>		
				____ ft. after ____ hrs. pumping ____ g.p.m.		
				____ ft. after ____ hrs. pumping ____ g.p.m.		
				Estimated maximum yield <u>15</u> g.p.m.		
				13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No Date ____		
				14. Well head completion: <u>CAP</u>		
				____ Pitless adapter <u>24</u> 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 <u>5</u> ft. to <u>15</u> ft.		
				16. Nearest source of possible contamination: <u>100</u> ft. Direction <u>E</u> Type <u>SEPTIC</u>		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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:		19. Remarks: <u>owner will install slab</u>		20. Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
				<u>STADER DRIG CO INC 182</u>		
				Business name _____ License No. _____		
				Address <u>RT 1 Holton, KS</u>		
				Signed <u>Dele Peterson</u> Date <u>7-6-76</u>		
				Authorized representative		

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 NW 1/4
 NW 1/4
 NW 1/4

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

Form WWC-5