

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 SE 1/4 SE 1/4 SE 1/4		Section number 4		Township number T 9 R 7 E W		Range number			
2. Distance and direction from nearest town or city: 1 W 6 N 0 P				3. Owner of well: Curtis Farley							
Street address of well location if in city: MANHATTAN				R.R. or street: 730 BERTRAND							
				City, state, zip code: MANHATTAN, KS 66502							
4. Locate with "X" in section below:				Sketch map:				6. Bore hole dia. 8 in. Completion date _____ Well depth 230 ft. 5-14-79			
								7. <input 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: Above or below Threaded _____ Welded _____ Surface 29 in. RMP _____ PVC 9L Weight 282 lbs./ft. Dia. 5 in. to 230 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 250			
5. Type and color of material				From		To		10. Screen: Manufacturer's name _____ Pumpco MPZ Type: PVC Dia. 5 Slot/gauge .060 Length 60 Set between 100 ft. and 160 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 X 1/8			
TOP SOIL				0		2		11. Static water level: _____ mo./day/yr. 110 ft. below land surface Date 5-13-79			
Clay, brown				2		12		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 10 g.p.m.			
Limestone, grey, shale, grey				12		75		13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
Shale, grey, red, yellow				75		108		14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 29 Inches above grade			
Limestone, yellow, water bearing				108		110		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.			
Shale, grey, Blk.				110		175		16. Nearest source of possible contamination: _____ ft. 150 Direction NW Type SEPTIC Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Shaley Limestone, grey, shale, grey				175		230		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			
								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. Strader Delg Co Inc 182 Business name _____ License No. _____ Address RT 1 Holton, KS Signed Dale Ashman Date 5-15-79 Authorized representative			
18. Elevation:				19. Remarks: OWNER TO INSTALL SLAB							
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley											

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

Form WWC-5