

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SW NW SE

1 Location of well:	County Riley	Township name Riley	Fraction NW 1/4 NE 1/4	Section number 94	Town number 90	Range number 7 E 21																																							
Distance and direction from nearest town or city: 7 NW OF MANHATTAN			3 Owner of well: FORREST ADAMS Address: 915 NORTH 4TH MANHATTAN, KANSAS																																										
Locate with "X" in section below:		Sketch map:		4 Well depth: 160 ft. Date of completion 9-8-75 Well diameter 8 in.																																									
				5 <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																																									
2 Type and color of material				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td>Top Soil</td><td>0</td><td>1</td></tr> <tr><td>Yellow Limestone</td><td>1</td><td>6</td></tr> <tr><td>Blue Shale</td><td>6</td><td>22</td></tr> <tr><td>Yellow Limestone</td><td>22</td><td>45</td></tr> <tr><td>Grey Shale</td><td>45</td><td>70</td></tr> <tr><td>Yellow Limestone</td><td>70</td><td>75</td></tr> <tr><td>Grey Shale</td><td>75</td><td>98</td></tr> <tr><td>Brown Limestone</td><td>98</td><td>110</td></tr> <tr><td>Grey Shale</td><td>110</td><td>123</td></tr> <tr><td>Grey Limestone</td><td>123</td><td>137</td></tr> <tr><td>Red Shale</td><td>137</td><td>150</td></tr> <tr><td>Grey Limestone</td><td>150</td><td>160</td></tr> </tbody> </table>				Type and color of material	From	To	Top Soil	0	1	Yellow Limestone	1	6	Blue Shale	6	22	Yellow Limestone	22	45	Grey Shale	45	70	Yellow Limestone	70	75	Grey Shale	75	98	Brown Limestone	98	110	Grey Shale	110	123	Grey Limestone	123	137	Red Shale	137	150	Grey Limestone	150	160	7 Casing: Material PVC Height: above land Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. 5 in. to 160 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
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				8 Screen: Manufacturer Pumpco Type PVC Dia. 5" Slot/gauge 1050 Length 20' Set between 70 ft. and 80 ft. Fittings: 150 - 160 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4 x 1/8																																									
				9 Static water level: NOT MEASURED 68 ft. below land surface Date 9-8-75 MHC																																									
				10 Pumping level below land surfaces: AIR TEST _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1/2 g.p.m.																																									
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																									
				12 Well head completion: Capped <input type="checkbox"/> Pitless adapter 24 inches above grade																																									
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.																																									
				14 Nearest source of possible contamination: ft. 100 Direction W Type S. Tanks Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																									
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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																																									
16 Remarks: elevation 1220 Junees to Install slab Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				17 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 DAIG, CO INC 182 Business name _____ License No. _____ Address RED HOLTON 145 Signed Walt Adams Date 9-13-75 Authorized representative																																									

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5