

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 SW 1/4 SW 1/4 SW 1/4		Section number 14		Township number T 9 S R 7 E W	
2. Distance and direction from nearest town or city: 4 NW				3. Owner of well: DUANE GILLIAM			
Street address of well location if in city: OF MANHATTAN				R.R. or street: _____			
City, state, zip code: RR6 MANHATTAN, KS. 66502				_____			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date _____		Well depth 260 ft. 11-5-78	
				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		From		To		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
Top SOIL		0		2		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock	
2-12 Limestone, 10050, grey		2		12		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Shale, grey, yellow		12		69		9. Casing: Material PVC Height: Above or below	
Limestone, grey, brown		69		110		Threaded _____ Welded _____ Surface 29 in.	
slate, yellow, red		110		152		RMP _____ PVC 9L Weight 2.58 lbs./ft.	
Limestone, yellow, soft		152		158		Dia. 5 in. to 260 ft. depth Wall Thickness: inches or	
shale, black, grey		158		195		Dia. _____ in. to _____ ft. depth gage No. 1279	
Limestone, shaly, grey		195		225		10. Screen: Manufacturer's name _____	
shale, grey		225		260		PUMPCO MP3	
						Type PVC Dia. 5	
						50 gauge 060 Length 80	
						Set between 150 ft. and 230 ft.	
						ft. and _____ ft.	
						Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 X 1/8	
						11. Static water level: _____ mo./day/yr.	
						150 ft. below land surface Date 11-5-78	
						12. Pumping level below land surfaces:	
						_____ ft. after _____ hrs. pumping _____ g.p.m.	
						_____ ft. after _____ hrs. pumping _____ g.p.m.	
						Estimated maximum yield _____ g.p.m.	
						13. Water sample submitted: _____ mo./day/yr.	
						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
						14. Well head completion: CAP	
						<input type="checkbox"/> Pitless adapter 29 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 5 ft. to 15 ft.	
						16. Nearest source of possible contamination:	
						ft. 300 Direction W Type SEPTIC	
						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	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:			
Topography: <input checked="" type="checkbox"/> Hill		OWNED TO INSTALL SLAB		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
<input type="checkbox"/> Slope				STRADER DALG CO 182			
<input type="checkbox"/> Upland				Business name _____ License No. _____			
<input type="checkbox"/> Valley				Address RT1 HOLTON, KS			
				Signed Dale Robinson Date 11-7-78			

T 9 S R 7 E W Sec 14 SW 1/4 SW 1/4 SW 1/4

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

Form WWC-5