

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		Range number	
2. Distance and direction from nearest town or city: 6 NW				3. Owner of well: Bill Moyer					
Street address of well location if in city: OF MANHATTAN				R.R. or street:					
				City, state, zip code: MANHATTAN					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date _____ Well depth 160 ft. 3-25-77					
				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: 29 in. Threaded _____ Welded _____ Surface 29 in. RMP _____ PVC 9L Weight 2.58 lbs./ft. Dia. 5 in. to 160 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 25R					
5. Type and color of material		From To		10. Screen: Manufacturer's name Pumpco Type PVC Dia. 5 10 gauge 60 Length 60 Set between 60 ft. and 120 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. 65 ft. below land surface Date 3-25-77					
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5 g.p.m.					
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____					
				14. Well head completion: CAD <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. 100 Direction N Type Drainage 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:		(Use a second sheet if needed)		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. Steader Dalg Co Inc 182 Business name _____ License No. _____ Address RT 1 Holton, KS Signed Dale Robinson Date 3-25-77 Authorized representative					
19. Remarks: OWNER TO INSTALL SLAB									

T 9 S R 7 E/W Sec 14 SWSWSW

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

Form WWC-5