

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 <u>Riley</u>		Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>		Section number <u>15</u>	Township number <u>T 9 S R 7</u>	Range number <u>7</u>	<input checked="" type="checkbox"/> EW
2. Distance and direction from nearest town or city: <u>6 NW OF</u> Street address of well location if in city: <u>MANHATTAN</u>				3. Owner of well: <u>Bill Moyer</u> R.R. or street: <u>2610 Clifton</u> City, state, zip code: <u>MANHATTAN, KS</u>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: <u>House SEPTIC</u> <u>well</u> <u>200'</u>		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>300</u> ft. <u>7-6-77</u>		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 <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>29</u> in. RMP <input type="checkbox"/> PVC <u>9L</u> Weight <u>258</u> lbs./ft. Dia. <u>5</u> in. to <u>300</u> ft. depth   Wall Thickness: inches or Dia. _____ in. to _____ ft. depth   gage No. <u>258</u>	
						10. Screen: Manufacturer's name _____ <u>MPI</u> Type <u>PVC</u> Dia. <u>5</u> Stk/gauge <u>1060</u> Length <u>40</u> Set between <u>25</u> ft. and <u>45</u> ft. <u>100</u> ft. and <u>120</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4" X 1/8"</u>	
						11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>7-6-77</u>	
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.	
						13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
						14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>28</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>0</u> ft. to <u>10</u> ft.	
						16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>W</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	
18. Elevation: <u>1170</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>OWNER TO INSTAL SLAB</u> <u>well</u>		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. <u>STRAKER DOLG Co</u> <u>182</u> Business name License No. Address <u>Holtan, KS</u> Signed <u>Dale Holton</u> Date <u>7-7-77</u> Authorized representative			

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

Form WWC-5