

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

NW SE 1/4 23

1. Location of well:	County <b>Riley</b>	Fraction <del>SE 1/4 SE 1/4 SE 1/4</del> 1/4	Section number <b>19</b>	Township number T <b>9</b>	Range number S R <b>7</b>
2. Distance and direction from nearest town or city: <b>5 N</b>			3. Owner of well: <b>Jim Padgett</b>		
Street address of well location if in city: <b>OF MANHATTAN</b>			R.R. or street: City, state, zip code: <b>MANHATTAN</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date _____	
				Well depth <b>250</b> ft. <b>3-28-77</b>	
5. Type and color of material		From	To	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	
<b>Loose Limestone, Shaley, grey</b>		<b>0</b>	<b>40</b>	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	
<b>Shale, grey, Red, Limestone, grey</b>		<b>40</b>	<b>75</b>	9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. RMP <input type="checkbox"/> PVC <b>9L</b> Weight <b>2.58</b> lbs./ft. Dia. <b>5</b> in. to <b>250</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <del>258</del> <b>258</b>	
<b>Limestone, grey, Shale, yellow, Red, BIK.</b>		<b>75</b>	<b>195</b>	10. Screen: Manufacturer's name _____ Type <b>PVC</b> Dia. <b>5</b> <b>60</b> gauge <b>60</b> Length <b>60</b> Set between <b>180</b> ft. and <b>240</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 x 1/8</b>	
<b>15 gpm Limestone, yellow, soft, broken</b>		<b>195</b>	<b>199</b>	11. Static water level: _____ mo./day/yr. <b>195</b> ft. below land surface Date <b>3-28-77</b>	
<b>Shale, grey, Red, Limestone, grey, HARD</b>		<b>199</b>	<b>250</b>	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.	
(Use a second sheet if needed)				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
				14. Well head completion: <b>CAP</b> _____ Pitless adapter <b>24</b> 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 <b>0</b> ft. to <b>20</b> ft.	
				16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>N</b> Type <b>SEPTIC</b> 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: <b>1265</b>	19. Remarks: <b>OWNER WILL INSTAL STAB</b>		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. <b>Strader Dalg Co Inc 182</b> Business name License No. _____ Address <b>RT1 Holton, KS</b> Signed <b>Dale Adams</b> Date <b>3-28-77</b> Authorized representative		

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

Form WWC-5