

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 NE 1/4 NE 1/4 NE 1/4	Section number 23	Township number T 9 S	Range number R 7 E/W
2. Distance and direction from nearest town or city: 6 NW			3. Owner of well: Craig Wagner			
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 _____		
N		N		Well depth 200 ft. 4-22-77		
				7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
W		E		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
S		S		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
1 Mile		1 Mile		<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: <input checked="" type="checkbox"/> Above or below		
				Threaded _____ Welded _____ Surface 29 in.		
				RMP _____ PVC 9L Weight 250 lbs./ft.		
				Dia. 5 in. to 200 ft. depth Wall Thickness: inches or		
				Dia. _____ in. to _____ ft. depth gage No. 258		
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____		
Limestone, grey, shale, grey		0	90	Rumpco		
Shale, Red, grey		90	117	Type PVC Dia. 5		
Limestone, yellow		117	125	Slo gauge .060 Length 20		
Shale, BLK, Red		125	135	Set between 190/160 ft. and 180 ft.		
Limestone, grey		135	141	_____ ft. and _____ ft.		
Shale, grey, Red		141	165	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4-1/8		
Limestone, yellow, Broken (509pm)		165	170	11. Static water level: _____ mo./day/yr.		
Shale, BLK.		170	175	140 ft. below land surface Date 4-22-77		
Limestone, grey		175	177	12. Pumping level below land surfaces:		
Shale, grey		177	190	_____ ft. after _____ hrs. pumping _____ g.p.m.		
Limestone, grey		190	200	_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield 50 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr.		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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. 150 Direction E 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 _____ Valts _____		
				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:		owner to install slab		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input checked="" type="checkbox"/> Hill				Stander Dalg Co Inc 182		
<input type="checkbox"/> Slope				Business name _____ License No. _____		
<input type="checkbox"/> Upland				Address RT 1 Manhattan, KS		
<input type="checkbox"/> Valley				Signed Dale Parker Date 4-25-77		
				Authorized representative		

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

Form WWC-5