

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

N W W

1. Location of well: County <u>Riley</u> Fraction <u>SE 1/4 SE 1/4 SE 1/4</u> Section number <u>35</u> Township number <u>T 9 S R 7</u> Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>2 NW OF</u> Street address of well location if in city: <u>MANHATTAN</u>	
3. Owner of well: <u>Bill Able</u> R.R. or street: <u>1824 VAN GUN DR</u> City, state, zip code: <u>MANHATTAN, 66502</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> </div> </div>	
5. Type and color of material	
	From To
<u>TOP SOIL</u>	0 3
<u>Limestone, grey, shale, grey</u>	3 78
<u>Shale, grey, red, blk.</u>	78 150
<u>Limestone, grey</u>	150 160
<u>yellow lime, soft, loose</u>	160 170
<u>shaley limestone, grey</u>	170 220
(Use a second sheet if needed)	
6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>220</u> ft. <u>6-29-77</u>	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 <u>PVC</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP _____ PVC <u>9L</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>220</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>258</u>
10. Screen: Manufacturer's name _____ <u>MPT</u> Type <u>PVC</u> Dia. <u>5</u> <u>50</u> gauge <u>60</u> Length <u>40</u> Set between <u>160</u> ft. and <u>200</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4" / 1/8"</u>	11. Static water level: _____ mo./day/yr. <u>160</u> ft. below land surface Date <u>6-29-77</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>15</u> g.p.m.	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>24</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>S</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: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>OWNER TO INSTALL</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>Shades Only Co Inc 182</u> Business name _____ License No. _____ Address <u>Halton, KS</u> Signed <u>Dale Johnson</u> Date <u>6-29-77</u> Authorized representative	

T 9 R 7 W 3 S SE SE SE

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

Form WWC-5