

Sent 7-18-77

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 Riley</u>		Fraction <u>NW NW NW SW 1/4 SW 1/4 SW 1/4</u>		Section number <u>35</u>		Township number <u>T 9 S</u>		Range number <u>R 7 E</u>			
2. Distance and direction from nearest town or city: <u>2 NW OF</u>				3. Owner of well: <u>DARELL HILL'S</u>							
Street address of well location if in city: <u>MANHATTAN</u>				R.R. or street: <u>RT 1</u>							
				City, state, zip code: <u>MANHATTAN, 66502</u>							
4. Locate with "X" in section below:				Sketch map:				6. Bore hole dia. <u>8</u> in. Completion date _____			
								Well depth <u>295</u> ft. <u>6-27-77</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 <input type="checkbox"/> PVC <u>9L</u> Weight <u>2.50</u> lbs./ft.			
								Dia. <u>5</u> in. to <u>295</u> ft. depth			
								Wall Thickness: inches or			
								Dia. _____ in. to _____ ft. depth			
								gage No. <u>258</u>			
5. Type and color of material				From		To		10. Screen: Manufacturer's name _____			
								Type <u>PVC</u> Dia. <u>5</u>			
<u>TOP SOIL</u>				<u>0</u>		<u>2</u>		<u>60</u> gauge <u>.060</u> Length <u>60</u>			
<u>Limestone, yellow</u>				<u>2</u>		<u>35</u>		Set between <u>220</u> ft. and <u>280</u> ft.			
<u>Limestone, grey, Flint, shaley</u>				<u>35</u>		<u>107</u>		ft. and _____ ft.			
<u>Shale, yellow, grey, Red</u>				<u>107</u>		<u>165</u>		Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 1/8</u>			
<u>Limestone, grey</u>				<u>165</u>		<u>191</u>		11. Static water level: _____ mo./day/yr.			
<u>Shaley Lime, shale, Red, BLK.</u>				<u>191</u>		<u>234</u>		<u>220</u> ft. below land surface Date <u>6-27-77</u>			
<u>yellow lime, soft, broken</u>				<u>234</u>		<u>238</u>		12. Pumping level below land surfaces:			
<u>Shaley, lime, grey,</u>				<u>238</u>		<u>295</u>		_____ ft. after _____ hrs. pumping _____ g.p.m.			
								_____ ft. after _____ hrs. pumping _____ g.p.m.			
								Estimated maximum yield <u>35</u> g.p.m.			
								13. Water sample submitted: _____ mo./day/yr.			
								Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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>15</u> ft.			
								16. Nearest source of possible contamination:			
								ft. <u>200</u> Direction <u>SE</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			
								(Use a second sheet if needed)			
18. Elevation: <u>1340</u>		19. Remarks: <u>OWNER TO INSTAL SLAB</u>						20. Water well contractor's certification:			
Topography: <input checked="" type="checkbox"/> Hill								This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
<input type="checkbox"/> Slope								<u>Stander Dalg Co Eng 182</u>			
<input type="checkbox"/> Upland								Business name _____ License No. _____			
<input type="checkbox"/> Valley								Address <u>RT 1 Holton, KS</u>			
								Signed <u>Dale Ashburn</u> Date <u>6-28-77</u>			
								Authorized representative			

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 Sec 35
 NW 1/4
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5