				ATER WELL RECO	ORD Form	n WWC-5		2a-1212			
	ON OF WATE			OW	B IT A I		tion Numi	1 :		Range Number	
County:		iley		y SW y t address of well if		hin city?	19	т 9	S	R 8	E
				5800A Rive			ttan, K	s			
2 WATER	WELL OWNE	R: KS	Dept of Wildi	ife & Parks							
RR#, St. Address, Box # : 5800A River Pond Rd Board of Agriculture, Division of Water Reso										sion of Water Resource	es
City, State, ZIP Code : Manhattan, KS 66502 Application Number:										· ·	_
3 LOCATE AN "X" II	WELL'S LOO N SECTION E	CATON W BOX:	4 DEPTH C	F COMPLETED V	WELL	20	ft. E	LEVATION:	10	024.16	
N Depth(s) Groundwater Encountered 1.5 14-16 ft. 2 ft.									ft.	3	Ft. OFFICE
	i		WELL'S STA	below lar	nd surface measured or	mo/day/	yr 12/02/15	<u> </u> 🛱			
Pump test data: Well water was Ft. after hou											m∣≿
X ! Est Yield Gom: Well water was Ft. after								Ft. after	_ Hours p	oumpingGp	m Ki
Bore Hole Diameter 8.5 In. to 20 ft. and in. to										. to	=t. SE
Bore Hole Diameter 8.5 In. to 20 ft. and in. to WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specific									 Injection well Other (Specify below 	') '`≺	
	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2 Irriga	tion 4 Industria	I 7 Lav	vn and gard	ien (dome	estic) 10 Monitoring	well	MW-6	الــا
Y L	<u>'</u> s	!						ent? Yes No X			
	<u> </u>		Submitted			wender to		Water Well Disinfected	? Yes	No X	_
5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped											
1 Ste	eel	3 RN	IP (SR)	6 Asbesto	s-Cement	9 Other	(specify b	oelow)	Weld	ed	
2 PV	С	4 AE	s	7 Fiberglas	ss				Threa	aded X	
Diam's assis			in to	10 Ft.,		ln t		ft Dia		in to	
Coolea bein	g diameter _	curfoco	FLUSH	in., weight	SC	H 40	 I be	ft., Dia s./ft. Wall thickness or g	auge No	III. 10	٠.
1			ΠΟΝ MATERIAL:			7]		10 Asbes			
				5 Eiberglas	22	ຸ ຄື					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)											
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes											
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)											
SCREEN-PERFORATED INTERVALS: From 10 ft. to 20 ft. From ft. to ft.											
			From	ft.	to		f	ft. From	ft. to	۱	=t. 20
SAN	ND PACK INT	ERVALS:	From	8 ft.	to	20		ft. From		ol	=t.
			From	1 "	to			ft. From		-	₹t.
6 GROUT	MATERIAL:	1 Ne	eat cement	2 Cement grout			tonite	4 Other			
Grout Interv	als From2	0.5	ft to (Ft. From3	6	Ft.		8 ft. From		ft to 1	f
1			ole contamination:					vestock pens			.
1	otic tank		4 Lateral lin		Pit privy			uel storage		well/ Gas well	
								er (specify below)	\neg		
									ntaminated Site		
Direction fro	-		. •				How ma	any feet?			
FROM	то	CODE	LITH	OLOGIC LOG		FROM	то	PLUC	GING IN	ITERVALS	
0	1		Topsoil								K
1	20		Silty Clay				ļ		-		┙`
20	TD		End of Borel	nole			ļ			×	_
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					-,-,			<u> </u>			
			<u> </u>				+				\dashv
				to the total terms of the terms						GALLO ALPO A	\dashv
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w											
Completed on (mo/day/yr) 11/24/15 And this record is true to the best of my knowledge and belief. Kansas											
Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) 12/18/15											
under the business name of Associated Environmental, Inc. By (signature) Bradley J. Johnson INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment (Fear Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies to Kansas Department of Health and Environment) (Send three Copies three Copies three Copies to Kansas Depart											
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment. Feau of Waer, Topeka, Kansas 66620-0001, Telephone: 913-296-5545, Send one to WATER WELL OWNER and retain one for your records.											