

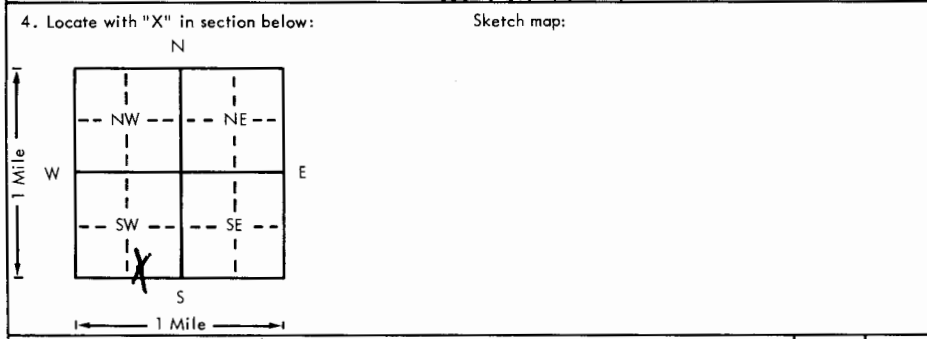
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 **SW 1/4 SE 1/4 SW 1/4** Section number **30** Township number **T 9 S R 8** Range number **8** **Q/W**

2. Distance and direction from nearest town or city: **1/2 miles North from MANHATTAN.**
Street address of well location if in city: _____
3. Owner of well: **K.S.U.**
R.R. or street: _____
City, state, zip code: **MANHATTAN, KS 66502**



6. Bore hole dia. **8** in. Completion date _____
Well depth **60** ft. **4-20-82**
7. Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary
8. Use: Domestic Public supply Industry
 Irrigation Air conditioning Stock
 Lawn Oil field water Other
9. Casing: Material **PVC** Height: Above or below
Threaded _____ Welded _____ Surface **24** in.
RMP _____ PVC **sch 40** Weight **2.56** lbs./ft.
Dia. **5** in. to **60** ft. depth Wall Thickness: inches or
Dia. _____ in. to _____ ft. depth gage No. **258**

5. Type and color of material	From	To
Top Soil	0	14
Yellow lime Stone.	14	20
Yellow Clay	20	30
Soft yellow lime Stone	30	34
Gray shale	34	40
GRAY rock	40	44
GRAY shale	44	60
(Use a second sheet if needed)		

10. Screen: Manufacturer's name **Pump Co Supply**
Type **PVC** Dia. _____
Slot/gauze **.060** Length **10'**
Set between **30'** ft. and **40'** ft.
_____ ft. and _____ ft.
Gravel pack? Size range of material **PEA**
11. Static water level: _____ mo./day/yr.
20 ft. below land surface Date **4-20-82**
12. Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **12** g.p.m.
13. Water sample submitted: _____ mo./day/yr.
 Yes No Date _____
14. Well head completion: **CAP**
 Pitless adapter **24** Inches above grade
15. Well grouted? **YES**
With: Neat cement Bentonite Concrete
Depth: From **0** ft. to **15** ft.
16. Nearest source of possible contamination: **NOISE**
ft. _____ Direction _____ Type _____
Well disinfected upon completion? Yes No
17. Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

18. Elevation: _____
19. Remarks: _____
Topography:
 Hill
 Slope
 Upland
 Valley

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.
RAY ENSLEY WELL DRILLING 202
Business name _____ License No. _____
Address **RR #10 MANHATTAN, KS**
Signed: **Ray Ensley** Date **4-20-82**
Authorized representative

T 9 S R 8 Q/W 30 SE SW 1/4 1/4 1/4 4/4