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	Fraction	Section number	Township number	Range number
	Riley	NW 1/4 NW 1/4 NW 1/4	1	T 10 (S)	R 7 (E/W)

Distance and direction from nearest town or city: 2.5 OF MANHATTAN

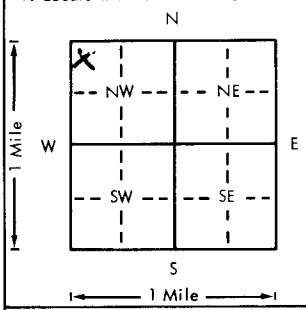
Street address of well location if in city:

Owner of well: Rollie Eggers

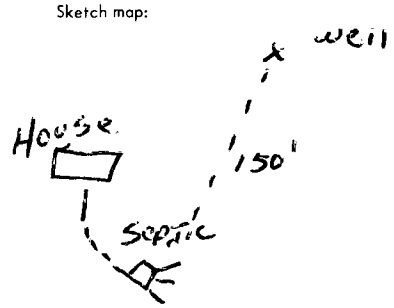
R.R. or street: RT. 2

City, state, zip code: MANHATTAN KS 66502

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 12 in. Completion date
Well depth 58 ft. 4-26-77

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
Threaded ___ Welded ___
RMP ___ PVC PVC
Dia. 5 in. to 58 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below
Surface 24 in.
Weight 2.58 lbs./ft.
Wall Thickness: inches or gage No. .258

5. Type and color of material	From	To
TOP SOIL	0	6
CLAY, BROWN	6	38
GRAVEL	38	45
SHALE, GREY	45	58
(Use a second sheet if needed)		

10. Screen: Manufacturer's name PUMPCO
Type PVC Dia. 5
Slot/gauze .030 Length 20
Set between 38 ft. and 58 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material .030x.060

11. Static water level: mo./day/yr.
30 ft. below land surface Date 4-26-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 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? ✓
With: ✓ Neat cement ___ Bentonite ___ Concrete
Depth: From 5 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 150 Direction S Type SEPTIC
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:

Topography:
___ Hill
___ Slope
___ Upland
✓ Valley

19. Remarks:
OWNER TO INSTAL SLAB

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.
STRADER DRLG CO INC 182
Business name License No.
Address RT1 HOLTON, KS
Signed Dale Cabrer Date 4-27-77
Authorized representative

T 10 R 7 (E/W) Sec 1 1/4 1/4 1/4 1/4

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

Form WWC-5

M1-1023