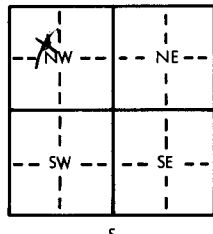


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

NW SE NW

1. Location of well: County <u>Riley</u>		Fraction <u>SE</u> NW 1/4 NW 1/4 <u>NW</u> 1/4	Section number <u>1</u>	Township number T <u>10S</u> S R <u>7E</u>	Range number <u>7E</u>
2. Distance and direction from nearest town or city: <u>Manhattan north on 24 1/2 mi west 1/2 mi.</u> Street address of well location if in city: <u>south 1/4 mi east into a pasture</u>			3. Owner of well: <u>Kans State University Dept.</u> R.R. or street: <u>908 Jim Hoover animal science</u> City, state, zip code: <u>Manhattan Kans 66606</u>		
4. Locate with "X" in section below: N W E S 1 Mile  1 Mile Sketch map: <u>1 mi North to 1/2 mi. west, South 1/4 mi + 1/4 east in a pasture</u>				6. Bore hole dia. <u>10</u> in. Completion date <u>1-9-76</u> Well depth <u>80</u> ft.	
5. Type and color of material				7. <input checked="" type="checkbox"/> Cable tool <input 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	
Casing pulled out of old dry Well				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Hard Blue Rock				9. Casing: Material <u>PVC</u> Height: <u>(Above)</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>30</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>5</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>80</u> ft. depth gage No. <u>Sch 40</u>	
Soft Limestone rock				10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>0.40</u> Length <u>34'</u> Set between <u>34'</u> ft. and <u>68'</u> ft. ft. and <u> </u> ft.	
Blue shale				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4 X 1/4</u>	
				11. Static water level: <u>50</u> ft. below land surface Date <u>1-9-76</u> mo./day/yr.	
				12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>15</u> g.p.m.	
				13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u> </u> Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>10</u> ft. to <u>0</u> ft.	
				16. Nearest source of possible contamination: ft. <u>1200</u> Direction <u>NW</u> Type <u>House</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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>1090</u>		19. Remarks:		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>Strader Drilling Co 237</u> Business name <u>Blue Rapids</u> License No. <u> </u> Address <u> </u> Signed <u>Harold Strader</u> Date <u> </u> Authorized representative	

Dept. 76
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5