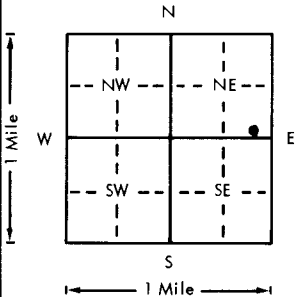


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>RILEY</b> | Fraction<br><b>SE 1/4 SE 1/4 NE 1/4</b> | Section number<br><b>10</b>   | Township number<br><b>T 10 S</b>   | Range number<br><b>R 7 E/W</b> |
| 2. Distance and direction from nearest town or city:<br><b>40 FT. WEST OF MANHATTAN, KS.</b><br>Street address of well location if in city: |                        |   | 3. Owner of well: <b>WILLIAM CARTER</b><br>R.R. or street: <b>3612 DICKENS</b><br>City, state, zip code: <b>MANHATTAN, KS. 66502</b>  |  |                                |
| 4. Locate with "X" in section below:<br>                   |                        | Sketch map:                             |   | 6. Bore hole dia. <b>8</b> in. Completion date <b>3-23-83</b><br>Well depth <b>100</b> ft.   |                                |
| 5. Type and color of material   |                        | From                                    | To  | 7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |                                |
| Rocky Top Soil  |                        | 1                                       | 6   | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |                                |
| RED CLAY  |                        | 6                                       | 16  | 9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in.<br>RMP <input type="checkbox"/> PVC <b>9L</b> Weight <b>283</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>100</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>258</b>   |                                |
| WHITE ROCK  |                        | 16                                      | 22  | 10. Screens: Manufacturer's name <b>PUMPCO</b><br>Type <b>PVC</b> Dia. <b>5 in.</b><br><input checked="" type="checkbox"/> Gauze <b>80</b> Length <b>20 FT</b><br>Set between <b>68</b> ft. and <b>88</b> ft.<br>ft. and <input type="checkbox"/> ft.  |                                |
| RED CLAY  |                        | 22                                      | 34  | Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 in.</b>   |                                |
| YELLOW ROCK   |                        | 34                                      | 38  | 11. Static water level: <input type="checkbox"/> mo./day/yr.<br><b>60</b> ft. below land surface Date <b>3-23-83</b>   |                                |
| RED CLAY  |                        | 38                                      | 52  | 12. Pumping level below land surfaces:<br>ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <b>SALE TEST 20</b> g.p.m.   |                                |
| YELLOW ROCK   |                        | 52                                      | 56  | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>  |                                |
| YELLOW CLAY   |                        | 56                                      | 68  | 14. Well head completion: <b>CAP</b><br><input type="checkbox"/> Pitless adapter <b>24</b> inches above grade  |                                |
| YELLOW ROCK (LOTS OF WATER)   |                        | 68                                      | 72  | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>6</b> ft. to <b>16</b> ft.   |                                |
| GRAY ROCK AND GRAY SHALE  |                        | 72                                      | 100   | 16. Nearest source of possible contamination:<br>ft. <b>100</b> Direction <b>NORTH</b> Type <b>SEPTIC</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                                |
| (Use a second sheet if needed)  |                        |   |   | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name <input type="checkbox"/><br>Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/><br>Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                |
| 18. Elevation:  | 19. Remarks:           |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>RAY ENSLEY Drilling 202</b><br>Business name <b>RT. 6 MANHATTAN</b> License No. <b>3-23-83</b><br>Address <b>Ray Ensley</b> Date <b>3-23-83</b><br>Signed <b>Ray Ensley</b> Authorized Representative |  |                                |

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

Form WWC-5