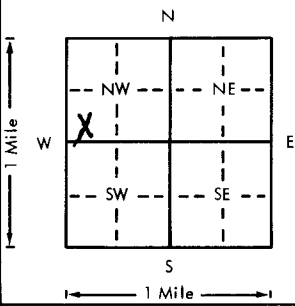
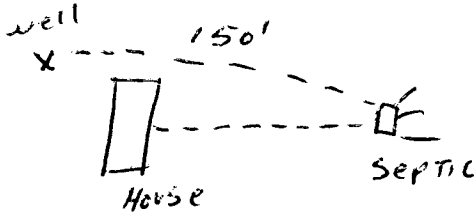


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 SW 1/4 NW 1/4	Section number 28	Township number T 10 S R 7 E/W
2. Distance and direction from nearest town or city: 2.5 SW of Street address of well location if in city: MANHATTAN, KS			3. Owner of well: RON BELCHER R.R. or street: 2030 Hillview Dr City, state, zip code: MANHATTAN, KS		
4. Locate with "X" in section below: 			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. 10 in. Completion date _____ Well depth 65 ft. 8-30-77
Top soil			0	4	7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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
Clay, BROWN			4	35	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
FINE SAND - COARSE SAND			35	50	9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC 4 Weight 2.38 lbs./ft. Dia. 5 in. to 65 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 279
COARSE SAND - GRAVEL			50	65	10. Screen: Manufacturer's name _____ Pumpco MPE Type PVC Dia. 5 <input checked="" type="checkbox"/> gauze 1020 Length 10 Set between 55 ft. and 65 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: 0.30 X 0.60
					11. Static water level: _____ mo./day/yr. 28 ft. below land surface Date 8-30-77
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 24 Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 5 ft. to 15 ft.
					16. Nearest source of possible contamination: ft. 150 Direction E Type SEPTIC Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: OWNER TO INSTALL 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. STADER DRUG CO INC 182 Business name _____ License No. _____ Address HOLTON, KS Signed W. E. COHEN Date 9-27-77 Authorized representative		

T 10
R 7
W E
Sec 28
1/4 1/4 1/4

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

Form WWC-5