

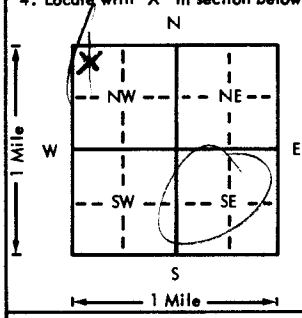
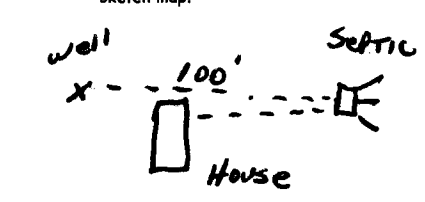
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USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

804-Sub-Division-10T #13

1. Location of well: County: Riley		Fraction: SW 1/4 NW 1/4 NW 1/4	Section number: 28	Township number: T 10 S R 7	Range number: 0W
2. Distance and direction from nearest town or city: 2.5 SW of		3. Owner of well: Ron Belcher			
Street address of well location if in city: MANHATTAN		R.R. or street: _____			
		City, state, zip code: MANHATTAN			
4. Locate with "X" in section below: Sketch map: 		Sketch map: 		6. Bore hole dia. 10 in. Completion date _____ Well depth 70 ft. 5-24-77	
				7. Cable tool <input checked="" type="checkbox"/> Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary _____	
				8. Use: <input checked="" type="checkbox"/> Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other _____	
				9. Casing: Material PVC Height: above or below _____ Threaded _____ Welded _____ Surface 2 1/2 in. RMP _____ PVC 9L Weight 2.58 lbs./ft. Dia. 5 in. to 70 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. 258	
5. Type and color of material		From	To	10. Screens: Manufacturer's name _____ PUMCO Type PVC Dia. 5 Gauge .020 Length 10 Set between 60 ft. and 70 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 10/30x100	
TOP SOIL		0	5	11. Static water level: _____ mo./day/yr. 30 ft. below land surface Date 5-24-77	
Clay, Brown		5	38	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.	
SAND		38	55	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
GRAVEL		55	70	14. Well head completion: CAP Pitless adapter 2 1/2 inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft.	
				16. Nearest source of possible contamination: ft. 100 Direction E Type SEPTIC Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____	
				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. Stander Dalg Co. Inc. 192 Business name License No. _____ Address PT 1 Manhattan, KS Signed Dale Robinson Date 5/24/77 Authorized representative	
18. Elevation: 037		19. Remarks: OWNER TO INSTAL SLAB			
Topography: _____ Hill _____ Slope _____ Upland <input checked="" type="checkbox"/> Valley					

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

Form WWC-5