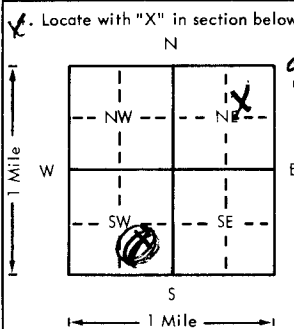


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

inady Subdivision
east well

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

1. Location of well: County: Riley Section: 1/4 NE 1/4 NE 1/4 Township number: T 10 S R 7 E		2. Distance and direction from nearest town or city: take 10th way S.W. Manhattan Street address of well: Manhattan Kansas 66502		3. Owner of well: Sester Ady Sr. R.R. or street: R1 City, state, zip code: Manhattan Kans 66502	
4. Locate with "X" in section below:  manhattan 10th way S.W. 1/2 mi gravel road street west 1 mi		6. Bore hole dia. 11 in. Completion date 6-9-78 Well depth 74 ft.		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	
5. Type and color of material		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		9. Casing: Material STEEL Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 1 1/2 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 1 1/2 in. Depth 74 ft. Wall Thickness: inches 2 1/2 Dia. _____ in. to _____ ft. depth gage No. Wael	
From To		10. Screen: Manufacturer's name Preston Sewery Type 5 ft of slots in bottom of test Slot/gauge 0060 Length 5' Set between 69 ft. and 74 ft. Gravel pack? no Size range of material _____		11. Static water level: _____ mo./day/yr. 26 ft. below land surface Date 6-9-78	
top soil (Black)		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.		13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
Clay, Blue		14. Well head completion: NA _____ Pitless adapter _____ Inches above grade		15. Well grouted? <input checked="" type="checkbox"/> 1-2 With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 15 ft. to 5 ft.	
Gravel, Blue		16. Nearest source of possible contamination: _____ ft. Direction West Type Lateral 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	
Sand & gravel, yellow		18. Elevation:		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 Drilling Co 237 Business name _____ License No. _____ Address Blue Rapids Signed Harold Strader Date 6-9-78 Authorized Representative	
19. Remarks:		18. Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Forward the white, blue and pink copies to the Department of Health and Environment	

100
-70
28
1/4
1/4
1/4
1/4
S W N E

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

Form WWC-5