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

WATER WELL RECORD
KSA 82a-1201-1215

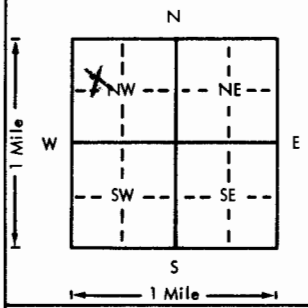
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: Riley | Fraction: X NW SE 1/4 NW 1/4 NW 1/4 | Section number: 33 | Township number: T 10 S | Range number: R 7E E/W

2. Distance and direction from nearest town or city: West manhattan
Street address of well location in city: 18 Hiway just north of airport

3. Owner of well: Les Ady Sr.
R.R. or street:
City, state, zip code: manhattan Kans

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material

	From	To
tof soil	0	3
Clay	3	28
Clay Sandy fine	28	40
Sand fine	40	65
Sand and gravel	65	69
Blue Shale	69	78

(Use a second sheet if needed)

6. Bore hole dia. ___ in. Completion date 8-25-76
Well depth 78 ft

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. X Casing: Material Steel | Height: Above or below
Threaded X Welded ___ | Surface 24 in.
RMP ___ PVC ___ | Weight 9.4 lbs./ft.
Dia. 6 in. to 74 ft. depth | Wall Thickness inches or
Dia. ___ in. to ___ ft. depth | gage No. 31 Wall

10. Screen: Manufacturer's name made in Steel Pipe
Type slots Dia. 6
Slot/gauze .050 Length 3 ft
Set between 71 ft. and 74 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/8 X 1/4

11. Static water level: mo./day/yr.
50 ft. below land surface Date 8-25-76

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 X No Date ___

14. Well head completion:
__ Pitless adapter ___ Inches above grade

15. Well grouted? X
With: __ Neat cement __ Bentonite X Concrete
Depth: From 15 ft. to 4 ft.

16. Nearest source of possible contamination:
ft. 500 Direction North Type Septic tank
Well disinfected upon completion? X Yes __ No

17. Pump: X 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

T 10 S R 7 E W Sec 33 1/4 1/4 1/4 SE NW NW

18. Elevation:
Topography:
__ Hill
__ Slope
__ Upland
X Valley

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.
Business name Strader Drilling Co. License No. 23
Address ~~Strader Drilling~~ Blue Rapids
Signed Harold Strader Date 8-25-76
Authorized representative

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

Form WWC-5

~~Address~~
~~Blue Rapids Ks.~~

MI-1023