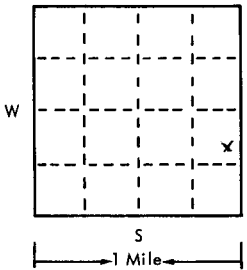
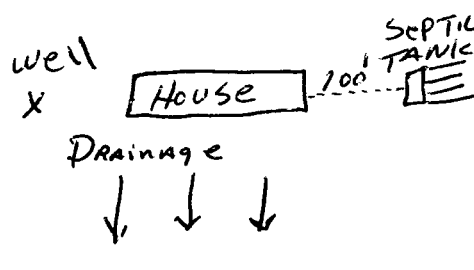


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <u>Pottawatomie</u>	Township name <u>Blue</u>	Fraction <u>NE 1/4</u> <u>NE 1/4 NE 1/4</u>	Section number <u>A 10</u>	Town number <u>10</u>	Range number <u>8</u>
Distance and direction from nearest town or city: <u>3 E 1/4 S</u>				3 Owner of well: <u>Ray Stephenson</u>		
Street address of well location if in city: <u>Manhattan KS</u>				Address: <u>RT 1 ST. Geo. Kansas</u>		
Locate with "X" in section below: 				Sketch map: 		
4 Well depth: <u>50</u> ft. Date of completion: <u>2-2-75</u>				Well diameter <u>10</u> in.		
5 <input 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		
6 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"/> Commercial		
<input type="checkbox"/> Test well						
7 Casing: Material <u>PVC</u> Height: above/below				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface: <u>24</u> in.		
Diam. _____				Weight <u>2.33</u> lbs./ft. _____		
<u>5</u> in. to <u>50</u> ft. depth				Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
_____ in. to _____ ft. depth						
8 Screen:				Manufacturer: <u>Pump Co</u>		
Type <u>PVC</u> Dia. <u>5"</u>				Slot <u>1/8"</u> Length <u>4'</u>		
Set between <u>46</u> ft. and <u>50</u> ft.				Fittings:		
Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Size range of material: <u>20/40</u>		
9 Static water level:				<u>24</u> ft. below land surface Date <u>12-2-75</u>		
10 Pumping level below land surfaces: <u>Air Test</u>				_____ ft. after _____ hrs. pumping _____ g.p.m.		
_____ ft. after _____ hrs. pumping _____ g.p.m.				Estimated maximum yield <u>30</u> g.p.m.		
11 Water sample submitted:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
12 Well head completion: <u>Capped</u>				<input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____		
Depth: From <u>0</u> ft. to <u>10</u> ft.						
14 Nearest source of possible contamination: <u>S. Tank</u>				ft. <u>150</u> Direction <u>E</u> Type _____		
Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
15 Pump: <input checked="" type="checkbox"/> Not installed				Manufacturer's name _____		
Model number _____ HP _____ Volts _____				Length of drop pipe _____ ft. capacity _____ g.m.p.		
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		
16 Remarks: elevation <u>1010</u> Owner will install slab				17 Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
				<u>Slender Orth Co Inc</u> 182		
				Business name _____ License No. _____		
				Address <u>RT 1 Holden, KS</u>		
				Signed <u>Dale Adams</u> Date <u>12-3-75</u>		
				Authorized representative		

10 8 E 5 SE NE SE