

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 - SE 1/4</u>  | Section number: <u>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>RFD 1 St. Geo. Kansas</u>   |                           |                        |  |
| Locate with "X" in section below:<br>N<br>W E<br>S<br>1 Mile         |                             |                            | Sketch map:<br>well X<br>House 100'<br>Septic Tank<br>↓ ↓ ↓ ↓<br>Drain Age  |                           |                        | 4 Well depth: <u>50</u> ft. Date of completion: <u>7-9-75</u><br>Well diameter: <u>8</u> in. |
| 2 Type and color of material   |                             |                            | From  |                           | To                     |  |
|  |                             |                            | <u>Top Soil</u>   |                           | <u>0</u>               | <u>5</u>   |
|  |                             |                            | <u>Brown Clay</u>   |                           | <u>5</u>               | <u>38</u>  |
|  |                             |                            | <u>COARSE SAND</u>  |                           | <u>38</u>              | <u>42</u>  |
|  |                             |                            | <u>COARSE SAND - Pea GRAVEL</u>   |                           | <u>42</u>              | <u>50</u>  |
|  |                             |                            |   |                           |                        |  |
|  |                             |                            |   |                           |                        |  |
|  |                             |                            |   |                           |                        |  |
|  |                             |                            |   |                           |                        |  |
|  |                             |                            |   |                           |                        |  |
|  |                             |                            | 8 Screen:<br>Manufacturer: <u>Pump Co</u><br>Type: <u>PVC</u> Dia: <u>5'</u><br>Slot/spacing: <u>1080</u> Length: <u>5'</u><br>Set between: <u>45</u> ft. and <u>50</u> ft.<br>Fittings:<br>Gravel pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: <u>1/4" x 1/8"</u>   |                           |                        |  |
|  |                             |                            | 9 Static water level: <u>NOT MEASURED</u><br><u>37</u> ft. below land surface Date: <u>7-9-75</u>   |                           |                        |  |
|  |                             |                            | 10 Pumping level below land surfaces: <u>AIR TEST</u><br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield: <u>30</u> g.p.m.  |                           |                        |  |
|  |                             |                            | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____   |                           |                        |  |
|  |                             |                            | 12 Well head completion: <u>Capped</u><br><input type="checkbox"/> Pitless adapter <u>24</u> <input checked="" type="checkbox"/> Inches above grade   |                           |                        |  |
|  |                             |                            | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____<br>Depth: From <u>0</u> ft. to <u>10</u> ft.  |                           |                        |  |
|  |                             |                            | 14 Nearest source of possible contamination:<br>ft. <u>125</u> Direction: <u>N.E.</u> Type: <u>SEWER</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                           |                        |  |
|  |                             |                            | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name: _____<br>Model number: _____ HP: _____ Volts: _____<br>Length of drop pipe: _____ ft. capacity: _____ g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                           |                        |  |
| 16 Remarks: elevation<br><u>1010 on near</u> Will install well slab  |                             |                            | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>STRADER DRILLING CO INC 182</u><br>Business name License No. _____<br>Address: <u>RFD 1 Halton, Kansas 66436</u><br>Signed: <u>Dale Adams</u> Date: <u>7-17-75</u><br>Authorized representative  |                           |                        |  |

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

10 SE 5 1/2 NE SE 36

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