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

WATER WELL RECORD
KSA 82a-1201-1215

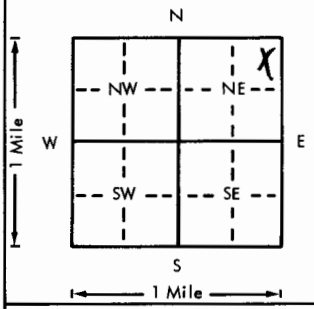
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Pottawatomie	NE 1/4 NE 1/4 NE 1/4	11	T 10 S	R 8 E/W

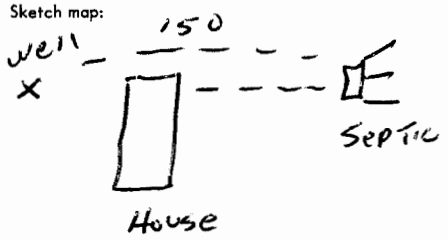
2. Distance and direction from nearest town or city: 2 E of
Street address of well location if in city: Manhattan

3. Owner of well: Ray Stephson
R.R. or street: RT 1 St. Geo, Ks
City, state, zip code: ~~Manhattan~~

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 10 in. Completion date 8-18-77
Well depth 95 ft.

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

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

9. Casing: Material PVC Height: (Above) or below
Threaded ___ Welded ___ Surface 24 in.
RMP ___ PVC SL Weight 2.58 lbs./ft.
Dia. 5 in. to 95 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ~~[illegible]~~ .258

5. Type and color of material	From	To
Top Soil	0	6
Sandy Clay	6	28
Course Sand-gravel	28	95
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Dumco MPI
Type PVC Dia. 5
Slot (gauze) .020 Length 10
Set between ___ ft. and ___ ft.
35 ft. and 95 ft.
Gravel pack? ✓ Size range of material .030x.060

11. Static water level: mo./day/yr.
20 ft. below land surface Date 8-18-77

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.

13. Water sample submitted: mo./day/yr.
___ Yes ✓ No Date ___

14. Well head completion: cap
___ Pitless adapter 24 Inches above grade

15. Well grouted? ✓
With: ✓ Neat cement ___ Bentonite ___ Concrete
Depth: From 5 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 150 Direction E Type Septic
Well disinfected upon completion? ✓ Yes ___ No

17. Pump: ✓ 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 R 8 (E) W Sec 11 NE 1/4 NE 1/4 NE 1/4

18. Elevation:
Topography:
___ Hill
___ Slope
___ Upland
✓ Valley

19. Remarks:
owner to instal slab

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 Drlg Co 182
Business name License No.
Address Hoxton, KS
Signed [signature] Date 8-20-77
Authorized representative

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

Form WWC-5