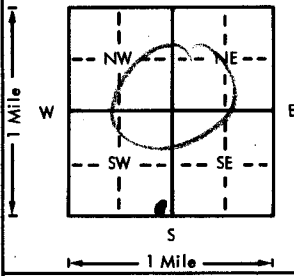


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>Riley</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>15</b>	Township number <b>T 10 S R 8</b>	Range number <b>QW</b>
2. Distance and direction from nearest town or city <b>2 Miles east Manhattan</b>				3. Owner of well <b>city of Manhattan</b> R.R. or street: City, state, zip code: <b>Manhattan 66502</b>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. <b>10</b> in. Completion date <b>4/15/77</b> Well depth <b>46</b> ft.		
5. Type and color of material				From	To	7. <input checked="" type="checkbox"/> Cable tool 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
<b>Sandy loam</b>				0	12	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other
<b>Brown medium fine sand</b>				12	22	9. Casing: Material <b>PVC</b> Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>4</b> in. to <b>46</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>337</b>
<b>Fine and medium sand</b>				22	28	10. Screen: Manufacturer's name <b>Pumpeo</b> Type <b>slotted</b> Dia. <b>4 in.</b> Slot/pauze <b>.060</b> Length <b>10 ft.</b> Set between <b>36</b> ft. and <b>46</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 in.</b>
<b>Blue fine and medium sand</b>				28	45	11. Static water level: <b>15</b> ft. below land surface Date <b>4/15/77</b> mo./day/yr.
<b>Shale</b>				45		12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.
						13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.
						14. Well head completion: <input type="checkbox"/> Pitless adapter <b>16" cap</b> inches above grade
						15. Well grouted? <b>YES</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>6</b> ft. <b>0'-10'</b>
						16. Nearest source of possible contamination: ft. <b>1000</b> Direction <b>EAST</b> Type <b>Fractured</b> 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
						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. <b>Blue Valley Drilling 234</b> Business name _____ License No. _____ Address <b>Blue Valley</b> Signed <b>David Smith</b> Date <b>8/23/77</b> Authorized representative
18. Elevation: <b>1010</b>		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5

T 10 S R 8 QW  
 Sec 15  
 1/4 1/4 1/4 1/4