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
	Riley	NW 1/4 NW 1/4 SE 1/4	19	T 10 (S)	R 8 (E) W

X Distance and direction from nearest town or city: 1 b S of

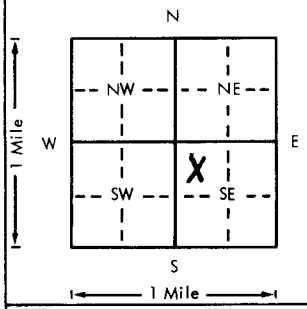
Street address of well location if in city: MANHATTAN

3. Owner of well: RAY CHREST

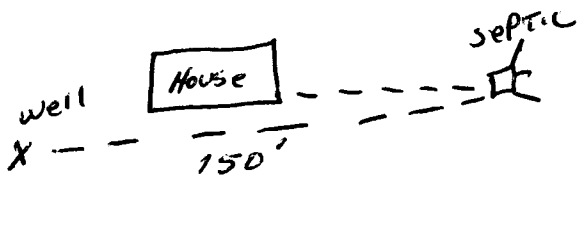
R.R. or street:

City, state, zip code: 1204 S. MANHATTAN AVE, MANHATTAN, KS 66502

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 12 in. Completion date
Well depth 30 ft. 6-22-78

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 GL Weight 2.58 lbs./ft.
Dia. 5 in. to 30 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1274

5. Type and color of material	From	To
TOP SOIL	0	6
FINE SAND	6	15
FINE SAND-COURSE SAND-MED. GRAVEL	15	27
CLAY BROWN	27	30

(Use a second sheet if needed)

10. Screen: Manufacturer's name
PUMPCO MFI
Type PVC Dia. 5
(Slot) gauze .020 Length 10
Set between 17 ft. and 27 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material .030X.060

11. Static water level: mo./day/yr.
15 ft. below land surface Date 6-22-78

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 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 19 1/4 NW 1/4 NW 1/4 SE 1/4

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
✓ Valley

19. Remarks:

OWNER TO INSTALL 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 192
Business name License No.
Address RT 1 HOLTON, KS
Signed Dale Ackron Date 6-22-78
Authorized representative

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

Form WWC-5

MI-1023