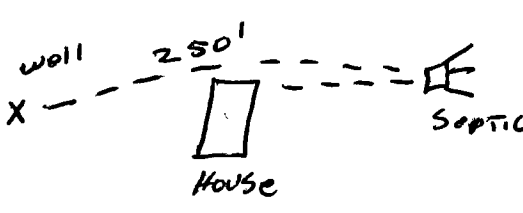


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Riley	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 21	Township number T 10 S R 8 E/W	Range number 8	
2. Distance and direction from nearest town or city: Street address of well location if in city: 1 E OF MANHATTAN			3. Owner of well: Phil Chambers R.R. or street: RFD 3 City, state, zip code: MANHATTAN, KS 66502				
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. 12 in. Completion date 8-9-78 Well depth 40 ft.			
5. Type and color of material		From		To		7. 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	
						8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
						9. Casing: Material PVC Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 29 in. RMP <input type="checkbox"/> PVC 96 Weight 250 lbs./ft. Dia. 5 in. to 40 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. 1274	
						10. Screen: Manufacturer's name DUMPCO MPI Type PVC Dia. 5 Slot/gauze .030 Length 10 Set between 30 ft. and 40 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material .030x.060	
						11. Static water level: <input type="checkbox"/> mo./day/yr. 20 ft. below land surface Date 8-9-78	
(Use a second sheet if needed)						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 60 g.p.m.	
						13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
						14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 29 inches above grade	
						15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 5 ft. to 15 ft.	
						16. Nearest source of possible contamination: ft. 250 Direction E Type SEPTIC Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. STRADER DRILLING CO 182 Business name License No. Address RT 1, HOLTON, KS Signed Dale Oster Date 8-14-78 Authorized representative	
						18. Elevation:	19. Remarks: OWNER TO INSTALL SLAB
						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