

Lot 4, as follows Beginning at a point on N. line of lot 4 - 330' east of the N.W. corner of lot 4 - east 264' along N. line of lot 4 then South 165 ft then west 264' then North 165 ft to the Point of the beginning all in Riley Co.

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

WATER WELL RECORD

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

1. Location of well:		County <u>Riley</u>	Section number <u>29</u>	Township number <u>10</u>	Range number <u>8</u>
2. Distance and direction from nearest town or city: <u>on Hunters Island 1/4 mi. Manhattan</u>		3. Owner of well: <u>Clyde France</u>			
Street address of well location if in city: <u>Manhattan Kansas</u>		R.R. or street: <u>R. 2 Box 25</u>			
City, state, zip code: <u>Manhattan Kansas</u>					
X Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="text-align: center;"> <p>1 Mile</p> </div> <div style="margin-left: 10px;"> <p>Sketch map: <u>-</u></p> </div> </div>		6. Bore hole dia. <u>11</u> in. Completion date <u>6-5-02</u> Well depth <u>56</u> ft. <u>10-17-78</u>			
		7. <input checked="" type="checkbox"/> Cable tool <input 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 <u>STEEL</u> Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>23</u> lbs./ft. Dia. <u>7</u> in. to <u>50</u> ft. depth Wall thickness <u>0.60</u> inches			
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>M.P.I.</u> Type <u>P.V.C.</u> Dia. <u>5</u> Slot/size <u>0.060</u> Length <u>10</u> Set between <u>56</u> ft. and <u>46</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4X8</u>	
<u>top soil, Sandy</u>		<u>0</u>	<u>2</u>		
<u>Clay &amp; sand</u>		<u>2</u>	<u>30</u>		
<u>Sand fine</u>		<u>30</u>	<u>40</u>		
<u>Sand &amp; gravel</u>		<u>40</u>	<u>50</u>		
<u>Chale Blue</u>		<u>50</u>	<u>56</u>		
				11. Static water level: <u>25</u> ft. below land surface Date <u>10-17-78</u>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
				14. Well head completion: <u>NA</u> Pitless adapter _____ Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> <u>1-2</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>17</u> ft. to <u>6</u> ft.	
				16. Nearest source of possible contamination: <u>laterals</u> ft. <u>65</u> Direction <u>east</u> Type <u>laterals</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				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. <u>Strader D. Nelson &amp; Co.</u> Business name <u>Blue Rapids</u> License No. _____ Address _____ Signed <u>Barney Strader</u> Date <u>10-17-78</u> Authorized representative	
18. Elevation:		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