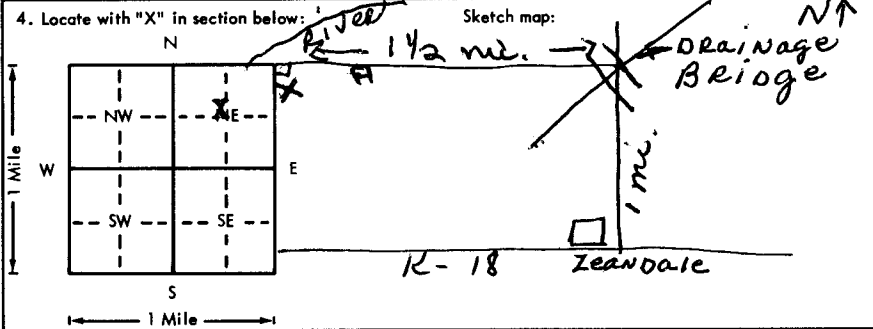


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

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

<input checked="" type="checkbox"/> Location of well:	County <b>Riley</b>	Fraction <b>W <del>1/2</del> <del>1/4</del> NE 1/4</b>	Section number <b>19</b>	Township number <b>T 10 S</b>	Range number <b>R 9 E E/W</b>
2) Distance and direction from nearest town or city: <b>1 mi. N.O. of Zeandale, Ks.</b> Street address of well location if in city: <b>1 1/2 mi. West</b>			3. Owner of well: <b>Johnny G. Holle</b> R.R. or street: <b>R. R. #3</b> City, state, zip code: <b>Manhattan, Kansas 66502</b>		
4. Locate with "X" in section below: 			6. Bore hole dia. <b>30</b> in. Completion date <b>3-13-76</b> Well depth <b>55</b> ft.		
5. Type and color of material			7. <input 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 checked="" type="checkbox"/> Reverse rotary		
			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 type="checkbox"/> Other		
			9. Casing: Material <b>Transite</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>16</b> in. to <b>29</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. _____		
			10. Screen: Manufacturer's name <b>Johnson</b> Type <b>Transite</b> Dia. <b>16"</b> Slot/gauze <b>1/8x8</b> Length _____ Set between <b>55</b> ft. and <b>29</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>5/8</b>		
			11. Static water level: _____ ft. below land surface Date <b>3-30-76</b> <b>28</b> mo./day/yr.		
			12. Pumping level below land surfaces: <b>38</b> ft. after <b>1</b> hrs. pumping <b>800</b> g.p.m. <b>42</b> ft. after <b>3</b> hrs. pumping <b>1000</b> g.p.m. Estimated maximum yield <b>1500</b> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
			15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
			16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>West</b> Type <b>river</b> Well disinfected upon completion? <input 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		
			(Use a second sheet if needed)		
18. Elevation:		19. Remarks: <b>We do not install pumps.</b>		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>Hoobler Drilling Co. 323</b> Business name License No. Address <b>St. Marys, Ks. 66536</b> Signed <b>Dan Hoobler</b> Date <b>4-6-76</b> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

T 10 S R 9 E 19

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

Form WWC-5