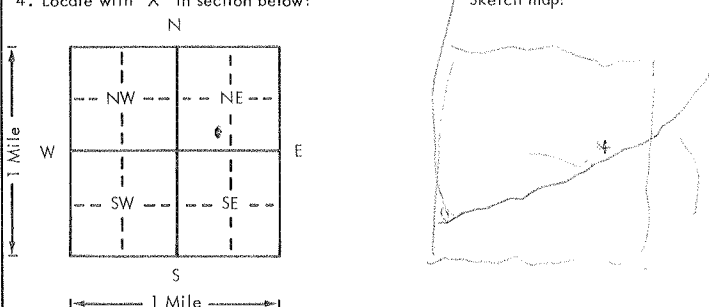


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SE 1/4 SW 1/4 NE 1/4	Section number 11	Township number T 11	Range number S R 7 EW
2. Distance and direction from nearest town or city: Street address of well location if in city:	3/4 mile from S-SW Ashland		3. Owner of well: PET CONLEY R.R. or street: RR #2 City, state, zip code: MANHATTAN, KS. 66502		
4. Locate with "X" in section below: 	6. Bore hole dia. 8 in. Completion date 1-29-82 Well depth 42 ft. 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 STEEL Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 21 lbs./ft. Dia. 8 in. to 42 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 250-14"				
5. Type and color of material	From	To	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze 125 Length 10' Set between 20 ft. and 30' ft. _____ ft. and _____ ft. Gravel pack? YES Size range of material PEA		
TOP SOIL	0	20'	11. Static water level: _____ mo./day/yr. 18 ft. below land surface Date 1-29-82		
Creek Gravel	20	24	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.		
GRAY ROCK	24	28	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
GRAY SHALE	28	42	14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 24 Inches above grade		
			15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 1 ft. to 15 ft.		
			16. Nearest source of possible contamination: ft. 200 Direction EAST Type TANK 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		
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks:		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. RAY EUSLEY Well Drilling 202 Business name RAY EUSLEY License No. 202 Address RR #1 MANHATTAN, KS 66502 Signed Ray Eusley Date 1-29-82 Authorized representative		

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

Form WWC-5