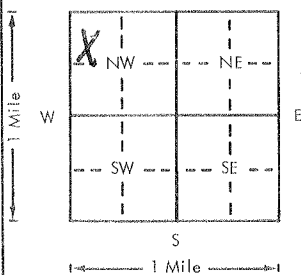


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 1	Township number T 11 S	Range number R 8 E
2. Distance and direction from nearest town or city:	5 SE of		3. Owner of well: Steve Landis		
Street address of well location if in city:	MANHATTAN		R.R. or street: 2158 PATRICIA PL.		
			City, state, zip code: MANHATTAN, KS. 66502		
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. 8 in. Completion date 10-28-78		
			Well depth 100 ft.		
			7. <input checked="" type="checkbox"/> 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 Above or below		
			Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 48 in.		
			RMP <input type="checkbox"/> PVC 62 Weight 3.58 lbs./ft.		
			Dia. 5 in. to 100 ft. depth Wall Thickness: inches or		
			Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 1279		
5. Type and color of material	From	To	10. Screen: Manufacturer's name Pumpco MPE		
TOP SOIL	0	4	Type PVC Dia. 5		
CLAY, BROWN	4	20	Slot/gauze 1020 Length 60		
CHERT GRAVEL	20	21	Set between 20 ft. and 80 ft.		
SHALEY LIMESTONE, GRAY	21	38	ft. and <input type="checkbox"/> ft.		
SHALEY GRAY Limestone, GRAY	38	100	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1030x1060		
			11. Static water level: <input type="checkbox"/> mo./day/yr.		
			18 ft. below land surface Date 10-28-78		
			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 4 g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr.		
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date		
			14. Well head completion: CAP		
			<input type="checkbox"/> Pitless adapter 24 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 13 ft.		
			16. Nearest source of possible contamination:		
			ft. 700 Direction W Type Creek		
			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 <input type="checkbox"/> HP <input type="checkbox"/> Volts		
			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		
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography:	OWNER TO INSTALL SLAB		This well was drilled under my jurisdiction and this report		
<input type="checkbox"/> Hill			is true to the best of my knowledge and belief.		
<input type="checkbox"/> Slope			STRADER DRLQ CO 182		
<input type="checkbox"/> Upland			Business name		
<input checked="" type="checkbox"/> Valley			Address Rt 1 Holton, KS License No.		
			Signed Dale Calken Date 10-30-78		
			Authorized representative		

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

Form WWC-5