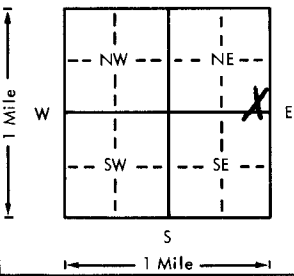


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY; PRINT CLEARLY.

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 <b>Riley</b> Fraction <b>SE 1/4 SE 1/4 SE 1/4</b> Section number <b>14</b> Township number <b>6 South</b> Range number <b>4 East</b>	
2. Distance and direction from nearest town or city: <b>West of 2 1/2 mi. N. of MARYDALE</b> Owner of well: <b>Elva Richter</b>	
Street address of well location if in city: <b>Box 83 Green, Kans 67447</b> R.R. or street: <b>Box 83 Green, Kans 67447</b> City, state, zip code:	
4. Locate with "X" in section below:  Sketch map:	6. Core hole dia. _____ in. Completion date <b>Nov 3-77</b> Well depth <b>54</b> 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 <b>PVC</b> Height: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>.267 lb/wall</b> Dia. <b>5</b> in. to <b>54</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>.267 MAC</b>	
5. Type and color of material	10. Screen: Manufacturer's name <b>M.P.I.</b> Type <b>P.V.C.</b> Dia. <b>5"</b> Slot/gauze <b>1040</b> Length <b>20'</b> Set between <b>54</b> ft. and <b>34</b> ft. _____ ft. and _____ ft.
<b>top soil, Black</b>	From <b>0</b> To <b>5</b>
<b>clay, yellow</b>	From <b>5</b> To <b>20</b>
<b>Rock, yellow line (wet)</b>	From <b>20</b> To <b>42</b>
<b>Shale Blue</b>	From <b>42</b> To <b>54</b>
11. Static water level: _____ mo./day/yr. <b>33</b> ft. below land surface Date <b>11-3-77</b>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>30</b> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <b>N.A.</b> <input type="checkbox"/> Pitless adapter _____ 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 <b>15</b> ft. to <b>5</b> ft.	
16. Nearest source of possible contamination: _____ ft. <b>150</b> Direction <b>N.E.</b> Type <b>Septic</b> 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:	19. Remarks:
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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>S. Strader Drilling Co 294</b> Business name <b>Blue Rapids</b> License No. _____ Address _____ Signed <b>Harold Strader</b> Date <b>11-3-77</b> Authorized representative

T 15 tanks  
 R 40  
 W 14  
 Sec 14 SE 22 SESE

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

Form WWC-5