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

WATER WELL RECORD
KSA 82a-1201-1215

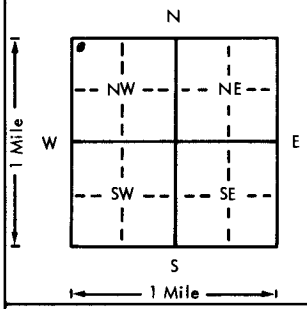
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Riley	NW 1/4 NW 1/4 NW 1/4	30	T 8 S	R 5 (E) (W)

2. Distance and direction from nearest town or city: 3 Mile West
Street address of well location if in city: 2 Miles South Leonardville

3. Owner of well: S. R. Stowe
R.R. or street: Milford, Ks.
City, state, zip code:

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Top Soil	0	20
Redish Clay	20	32
Yellow Rock	32	38
Yellowish Clay	38	42
Greenish Clay	42	53
Yellow Rock	53	56
Yellow Clay	56	64
Soft yellow Rock and water	64	66
Gray Shale	66	74
Dark Blue Shale	74	80

(Use a second sheet if needed)

6. Bore hole dia. 7" in. Completion date 2/13/75
Well depth 80 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material Sch 40 Height: Above or below
Threaded ___ Welded ___ Surface 20" in.
RMP ___ PVC X Weight 2.56 lbs./ft.
Dia. 5 in. to 80' ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1/4"

10. Screen: Manufacturer's name Pump-co
Type PVC sch 40 Dia. 5"
Slot/gauze Slotted Length 10'
Set between ___ ft. and ___ ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material PEA

11. Static water level: mo./day/yr.
64 ft. below land surface Date 2/13/75

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 20 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 20 Inches above grade

15. Well grouted? Yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 1 ft. to 11 ft.

16. Nearest source of possible contamination:
ft. NONE direction At time type Drilling
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:
Topography:
__ Hill
X Slope
__ Upland
__ 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 Ensley Well Drilling 202
Business name License No.
Address RR#4 MANHATTAN, KS
Signed Ray Ensley Date 2/13/75
Authorized representative

T 8 R 5 (E) (W) Sec 30 1/4 NW 1/4 NW 1/4 NW

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

Form WWC-5

MI-1023