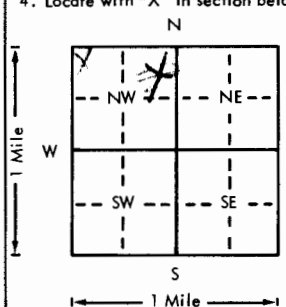


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Riley</u> Township <u>North W. 1/4</u> Section number <u>29</u> Township number <u>8 South</u> Range number <u>6 east</u>	
2. Distance and direction from nearest town or city: <u>Riley 2 1/2 M north</u> Owner of well: <u>Roy Muller</u> Street address of well location if in city: <u>1/8 mi South</u> R.R. or street: <u>2817 Virginia Dr</u> City, state, zip code: <u>Manhattan Kansas 66502</u>	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <u>10</u> in. Completion date <u>3-30-77</u> Well depth <u>67</u> 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 <u>PVC</u> Height: <u>12</u> in. Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>67</u> ft. depth Wall Thickness: <input type="checkbox"/> inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>Sch 40</u>	
5. Type and color of material	10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>0.40</u> Length <u>40</u> Set between <u>27</u> ft. and <u>67</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>5/8 X 1/4</u>
<u>top Soil Black</u>	From <u>0</u> To <u>5</u>
<u>Clay Red</u>	From <u>5</u> To <u>29</u>
<u>Rock, yellow Limestone</u>	From <u>29</u> To <u>55</u>
<u>Rock, shale Blue</u>	From <u>55</u> To <u>67</u>
11. Static water level: <u>34</u> ft. below land surface Date <u>3-30-77</u> mo./day/yr	
12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No Date ____ mo./day/yr	
14. Well head completion: <input type="checkbox"/> Pitless adapter ____ Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>15</u> ft. to <u>4</u> ft.	
16. Nearest source of possible contamination: <u>100'</u> Direction <u>east</u> Type <u>Septic tank</u> 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: <u>1262</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input 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. <u>Strader Drilling Co 237</u> Business name <u>Blue Rapids KS</u> License No. ____ Address <u>Blue Rapids KS</u> Signed <u>H. Arnold</u> Date <u>4-2</u> Authorized representative	

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

Form WWC-5