WATER WELL RECORD KSA 82a-1201-1215

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

1. Isocation of well: Riley NE VA NE		County	Fraction	S	Section number		Township number	Range number	
Sheet address of well location if in city: MANA TICAL 4. Locale with "X" in section below: Seech map: Well Well Seech map: Seech ma			NE 1/4 NE 1/4 NE 1/	/4	28	8		r 7	E/W
Sheet address of well location if in city: MANA TICAL 4. Locale with "X" in section below: Seech map: Well Well Seech map: Seech ma		ction from nearest town or city: 2	5 NW OF 3	. Owner	of well	: Ga	Ry Hadle		
4. Locate with "X" in section below: We III We III We III Casile tool Story Driven Dug Hollow god Justed Zoo M House TROIDE Lime STORY Revy Rev Shaley Revy Rev Shaley Revy Rev Shaley Revy Rev Shale grey Rev III Section with the later of the story point of the point of	Street address of well	l location if in city: MAWha T		.K. OI 311	ee:	&1 0,	Manha Tan.	75	
7. Cable tod Detay Driven Dog Reverse rotary Holler pad Janted pad Land Dog	4. Locate with "X" in section below: Sketch map:						6. Bore hole dia.	. Completion date _	77
Hollow pds _ latted _ bord _ Reverse rotary	well								
8. User Domestic Public Ropely Insignific According to Stock Lown Oil field water Other 9. Casting: Material III. Insignific According to below Threaded Wided Notice III. In the Domestic Inc. 10. Sin. to 2001, 10. The depth grows to Stock Shale, are years of the Shale of the									
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5. Type and color of material 6. Type and color of material 6. Type and color of material 7. Type and color of material 7. Type and color of material 7. Type and color of material 8. Largest State and State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Threaded Welded RMP PVC 9L	_iSurface 29 _Weight _ 2.3	in.
10. Screen: Manufacture's name Top Soll Limestono, Flinty, 9Rey shaley Shale, 9Rey Red To 118 Shale, 9Rey Red To 118 Shale, 9Rey Shaley Limestoni, 9Rey Shaley Limestone, 9Rey Limestoni, 9Rey Shaley Limestone, 9Rey Limestoni, 9Rey Ass 180 12. During level below land surface Date 8-29-77 Limestoni, 9Rey Ass 180 13. Static water level: To other his, pumping a.p.m. fit, other his, pumping a.p.m. Is well pawted? Yes No Date 14. Well had completion: C. 4.P. Filles declared in medium yield To other 15. Well gawted? With No Date 15. Well gawted? With Common Period Concrete Depth from 16. Nazert water of possible contamination: To, Pumping a.p.m. Well distincted upon completion? Yes No Well distincted upon completion? Yes No Well distincted upon completion? Yes No Upland of drop pipe fit, capacity a.p.m. Topography: Limit was diled under my jurisdiction and this report in water to be bed of my knowledge and balled. Singled Authorized representative Date States Authorized representative Date States Authorized representative			Dia. 5 in. to 200 ft. dep	oth Wall Thickness: i	nches or				
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Shale 9Rey Red To IIIB Gravel pock? Med Size range of material MAY Med Shaley Limestone, 9Rey Limestonic 9							(Slot/gauze oloo	_ Length	
Shaley Limestone, 9Rey Shaley Limestone, 9Rey Limestone, 9.p.n. Estimated maximum yield limes, 19.p.n. Estimated maximum yield limestone, 19.p.n. Estimated maximum yield limestone, 19.p.n. License No. Address License No. Address License No. Authorized representalive License No. Authorized representalive					2	70	Set between	ft. and 100 and 180	ft.
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LineStore, grey Shaley /80 20 12. Pumping level below land surfaces:	Shaloy, Limestone, grey				118	145	11. Static water level:	rface Date <u>\$-</u> 7	o./day/yr.
## Shale grey Fr. after hrs. purping g.p.m.	•					180	12. Pumping level below lark	d surfaces:	
Signed S						200			
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Pitles adapter 29 Inches above grade 15. Well gouted? With Neat cement Benjonite Concrete Depth: From 15. to 15. ft. 16. Nearest source of possible contamination: ft. 20 Direction 17. Pump: Well disinfected upon completion? Yes No 17. Pump: 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: 19. Remarks: OWNER TO INSTALL SLAD Topography: Hill Slope Upland Valley Pitles adapter 29 Inches above grade 15. Well gouted? With Neat cement Benjonite Concrete Depth: From 2 ft. to 5 ft. Well disinfected upon completion? Yes No No tinstalled Acceptable Yes No No Submersible Turbine Jet Reciprocating Contribute Submersible Turbine Jet Reciprocating Contribute Submersible Turbine Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p.m. Submersible Turbine Length of drop pipe ft. capacity g.p							Yes No	Date	.,, , , , ,
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16. Nearest source of possible contamination: ftOO_ DirectionSType							With: Neat cement	Bentonite	Concrete
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Submersible Turbine									
(Use a second sheet if needed) 18. Elevation: 19. Remarks: OWNEL TO INSTAL SLAS Topography:							1 ''	Turbi	ne
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Upland Valley Signed Authorized representative Date 8-2519	<u>i</u> Hill						Business name	Vs L	icense No.
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Forward the white, blue and pink copies to the Department of Health and Environment							Authorized re	presentative	15/
	Forward the white, bl	lue and pink copies to the Department	of Health and Environment					Form W	WC-5