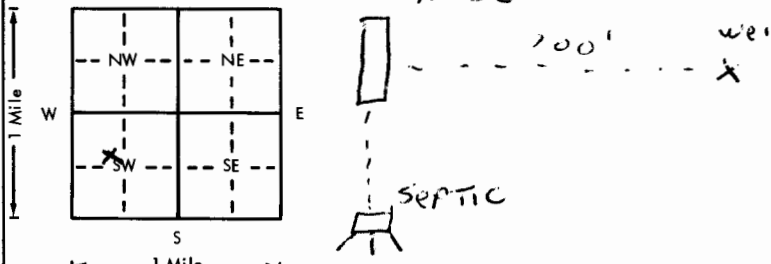


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>POTTAWATOMIE</u>	Fraction <u>SE 1/4 NW 1/4 SW 1/4</u>	Section number <u>7</u>	Township number <u>T 9 S</u>	Range number <u>R 8 E</u>
2. Distance and direction from nearest town or city: <u>6 N.</u> Street address of well location if in city: <u>Manhattan, KS</u>				3. Owner of well: <u>DON KUNIGER</u> R.R. or street: <u>RT 5 - Box 845</u> City, state, zip code: <u>Manhattan, KS</u>		
4. Locate with "X" in section below: 				6. Bore hole dia. <u>8</u> in. Completion date <u>10-8-76</u> Well depth <u>280</u> ft.		
5. Type and color of material				7. 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 <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <u>92</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>280</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>280</u> ft. depth gage No. <u>2.74</u>		
				10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauge <u>0.60</u> Length <u>40</u> Set between <u>200</u> ft. and <u>240</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20-40</u> mesh		
				11. Static water level: <u>215</u> ft. below land surface Date <u>10-8-76</u> mo./day/yr.		
(Use a second sheet if needed)				12. Pumping level below land surfaces: <u>AIR TEST</u> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date ____		
				14. Well head completion: <u>CAP</u> ____ Pitless adapter <u>24</u> 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 <u>5</u> ft. to <u>15</u> ft.		
				16. Nearest source of possible contamination: <u>SEPTIC</u> ft. <u>100</u> Direction <u>E</u> Type <u>SEPTIC</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)				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		
				18. Elevation:		
				19. Remarks: <u>OWNER WITH INSTAL SLAB</u>		
				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>STANDER DRILLING CO INC 182</u> Business name License No. Address <u>RT 1 Manhattan, KS</u> Signed <u>Don Kuniger</u> Date <u>10-11-76</u> Authorized representative		
				Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		

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

Form WWC-5