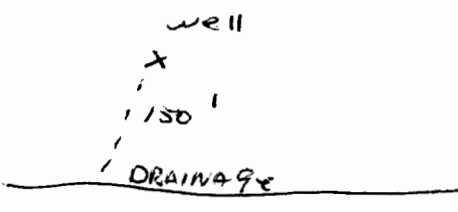


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>		Fraction <u>NW 1/4 NW 1/4 SE 1/4</u>		Section number <u>31</u>		Township number T <u>9</u> S		Range number R <u>8</u> EW			
2. Distance and direction from nearest town or city: <u>3 N - SE</u>				3. Owner of well: <u>ROGERS CONSTRUCTION</u>							
Street address of well location if in city: <u>OP MANHATTAN</u>				R.R. or street: City, state, zip code: <u>MANHATTAN</u>							
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>60</u> ft. <u>4-23-77</u>					
				7. <input type="checkbox"/> 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 _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC <u>9L</u> Weight <u>3.58</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>258</u>							
5. Type and color of material				From		To		10. Screen: Manufacturer's name _____ <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>.020</u> Length <u>10</u> Set between <u>50</u> ft. and <u>60</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>.030X.060</u>			
								11. Static water level: _____ mo./day/yr. <u>40</u> ft. below land surface Date <u>4-23-77</u>			
								12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>100</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> <input type="checkbox"/> 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: ft. <u>150</u> Direction <u>S</u> Type <u>DRAINAGE</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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: <u>OWNER TO 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>Strader Data Co Inc 182</u> Business name _____ License No. _____ Address <u>PT 1 HAITON, KS</u> Signed <u>Dale Ashen</u> Date <u>4-25-77</u> Authorized representative							

T 9
R 8
W E
S 31
1/4
1/4
1/4
1/4
NUNNISE

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

Form WWC-5