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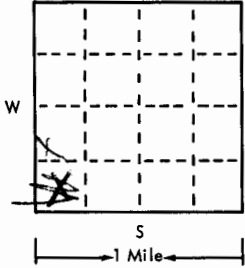
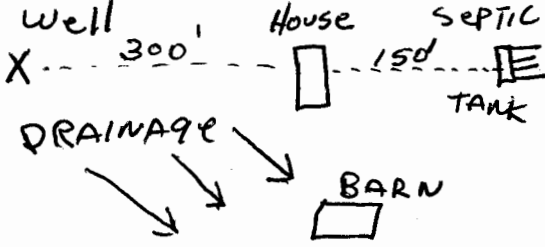
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SW NW SW

1 Location of well:	County POTTAWATOMIE	Township name ST. George	Fraction SW 1/4 SW 1/4	Section number 31	Town number 9	Range number 9
Distance and direction from nearest town or city: 4 E - 1 1/2 N			3 Owner of well: Don Lamb			
Street address of well location if in city: MANHATTAN			Address: RRI ST. George			
Locate with "X" in section below: N 		Sketch map: 		4 Well depth: 100 ft. Date of completion _____ Well diameter 8 in. 12-1-75		
2 Type and color of material		From		To		5 <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
		TOP SOIL		0 9		6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
yellow CLAY		4		23		7 Casing: Material RUC Height: above /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. Diam. _____ Weight 2.33 lbs./ft. _____ 5 in. to 100 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
Blue shale		23		40		8 Screen: Manufacturer PUMPCO Type RUC Dia. 5" Slot gauze 80 Length 20' Set between 35 ft. and 55 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 4/10
yellow Lime		40		45		9 Static water level: 38 ft. below land surface Date 12-1-75
grey shale		45		75		10 Pumping level below land surfaces: AIR TEST _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 6 g.p.m. AT 40'
" Lime		75		79		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Blue shale		79		100		12 Well head completion: <input type="checkbox"/> Pitless adapter 24" <input type="checkbox"/> Inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.
						14 Nearest source of possible contamination: ft. 150 Direction E Type SEPTIC TANK Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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
16 Remarks: elevation 1170' Owner to install well slab						17 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. Stender Data Co Inc. 182 Business name _____ License No. _____ Address RT 1 Halton KS. Signed Don Lamb Date 1-2-75 Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5