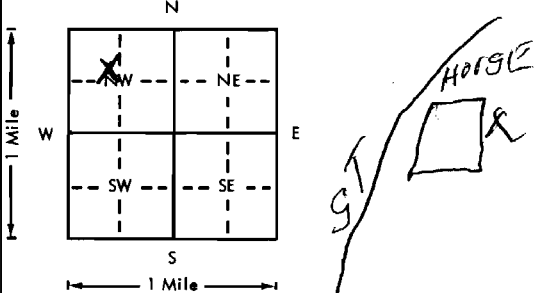


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Ellis</b>	Fraction <b>SE 1/4 NW 1/4 NW 1/4</b>	Section number <b>27</b>	Township number T <b>13</b> S	Range number R <b>18</b> E <b>(W)</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>2908 Skyline Dr.</b>			3. Owner of well: <b>Walter Manteuffel</b> R.R. or street: <b>2908 Skyline Dr.</b> City, state, zip code: <b>Hays, Kansas 67601</b>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. <u>6</u> in. Completion date <u>11-12-75</u> Well depth <u>73</u> ft.		
5. Type and color of material			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 checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>PLST</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>        </u> lbs./ft. Dia. <u>6</u> in. to <u>73</u> ft. depth Wall Thickness: inches or Dia. <u>        </u> in. to <u>        </u> ft. depth gage No. <u>200 200</u>		
			10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot gauze <u>06</u> Length <u>6'</u> Set between <u>67</u> ft. and <u>73</u> ft. <u>        </u> ft. and <u>        </u> ft. Gravel pack? <u>yes</u> Size range of material <u>        </u>		
			11. Static water level: <u>55</u> ft. below land surface Date <u>11-12-75</u> mo./day/yr.		
12. Pumping level below land surfaces: <u>60</u> ft. after <u>1</u> hrs. pumping <u>15</u> g.p.m. <u>        </u> ft. after <u>        </u> hrs. pumping <u>        </u> g.p.m. Estimated maximum yield <u>15</u> g.p.m.					
13. Water sample submitted: <u>        </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>        </u>					
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade					
15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>14</u> ft.					
16. Nearest source of possible contamination: <u>Sewer</u> ft. <u>10</u> Direction <u>N</u> Type <u>line</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Fairbanks Morse</u> Model number <u>        </u> HP <u>        </u> Volts <u>220</u> Length of drop pipe <u>71</u> ft. capacity <u>15</u> g.p.m. Type: <input checked="" 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 checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>Cement Slab already installed.</b>		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. <b>R. F. Coupal</b> <u>266</u> Business name License No. Address <u>616 E. 6th Hays, ks</u> Signed <u>Raymond F. Coupal</u> date <u>11-12-75</u> Authorized representative		

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13 180 27 SE NW NW

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

Form WWC-5