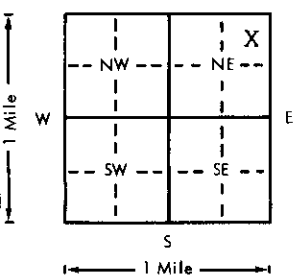


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Rush	Fraction NE 1/4 NE 1/4	Section number 22	Township number T 18 S R 16 E W	Range number
2. Distance and direction from nearest town or city: 4 1/2 miles Southwest of Otis, KS Street address of well location if in city:			3. Owner of well: Melvin J. Maneth R.R. or street: (?) City, state, zip code: Albert, KS 67511		
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		
5. Type and color of material			6. Bore hole dia. 9 in. Completion date 8-19-77 Well depth 66 ft.		
Top soil vd 17.2 J			7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
Gray & brown clay vd			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		
Sand & gravel vd			9. Casing: Material Styrene Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 1.5 lbs./ft. Dia. 5 in. to 56 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. #200		
Gray clay vd			10. Screen: Manufacturer's name Jess & Lowell Type Styrene 200 Dia. 5" <input checked="" type="checkbox"/> Slo gauge 1/8 Length 10' Set between 56 ft. and 66 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material 3/8-200		
Sand & gravel vd			11. Static water level: <input type="checkbox"/> mo./day/yr. 24 ft. below land surface Date 8-19-77		
Gray clay vd			12. Pumping level below land surfaces: Not checked ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
Sand & gravel vd			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date		
B.R @ ≥ 65' y.h			14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade		
			15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
			16. Nearest source of possible contamination: FIELD ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: 1933		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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. Clarke Well & Eq., Inc. 185 Business name License No. Address Great Bend, KS 67530 Signed D.W. [Signature] Date 8-24-77 Authorized representative		

T 18 S R 16 E W 22 NE NE

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

Form WWC-5