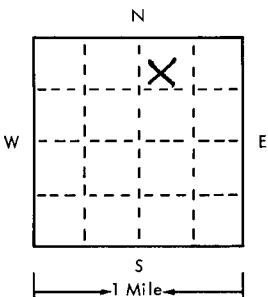


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County <u>Geary</u>	Township name <u>Milford</u>	Fraction <u>T. NE 1/4</u>	Section number <u>32</u>	Town number <u>105</u>	Range number <u>5 E</u>		
Distance and direction from nearest town or city: <u>8 N. Jct. City</u>			3 Owner of well: <u>Paul Rothfuss Cedar Estates</u> Address: <u>1012 Highland Junction City, KANS.</u>					
Street address of well location if in city: <u>15,</u>								
Locate with "X" in section below: 			Sketch map: <u>35 x 35</u>			4 Well depth: <u>140</u> ft. Date of completion _____ Well diameter <u>8</u> in. <u>1-24-75</u>		
			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			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"/>		
			7 Casing: Material <u>P.K.</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. _____ Weight <u>2.33</u> lbs./ft. _____ <u>0</u> in. to <u>140</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!			8 Screen: Manufacturer <u>Pumped</u> Type <u>P.K.</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>20</u> Set between <u>80</u> ft. and <u>100</u> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4"</u>		
2 Type and color of material			From		To			
<u>Top Soil</u>			<u>0</u>		<u>5</u>			
<u>Brown clay</u>			<u>5</u>		<u>20</u>			
<u>Grey shale</u>			<u>20</u>		<u>32</u>			
<u>Grey Limestone</u>			<u>32</u>		<u>40</u>			
<u>Grey shale</u>			<u>40</u>		<u>61</u>			
<u>White Lime</u>			<u>61</u>		<u>63</u>			
<u>Grey shale</u>			<u>63</u>		<u>70</u>			
<u>Grey Lime</u>			<u>70</u>		<u>81</u>			
<u>Grey shale</u>			<u>81</u>		<u>87</u>			
<u>Loose yellow Lime</u>			<u>87</u>		<u>91</u>			
<u>Blue shale</u>			<u>91</u>		<u>120</u>			
<u>FLINT Rock</u>			<u>120</u>		<u>127</u>			
<u>Blue shale</u>			<u>127</u>		<u>140</u>			
(use a second sheet if needed)								
16 Remarks: elevation Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			9 Static water level: <u>No measurement</u> _____ ft. below land surface Date _____				10 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>15</u> g.p.m.	
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		12 Well head completion: _____" <input checked="" type="checkbox"/> Pitless adapter <u>24</u> <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 <u>0</u> ft. to <u>10</u> ft.	
			14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>South</u> Type <u>SEPTIC TANK</u> 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.p.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		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. <u>Strader Drilling Co. Inc. #182</u> Business name _____ License No. _____ Address <u>21.75 N. Halton, KANS.</u> Signed <u>Dale Debus</u> Date <u>1-27-75</u> Authorized representative	

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

Form WWC-5

Handwritten notes: P.S. 100