

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>Tec NE 1/4</u>	Section number <u>32</u>	Town number <u>105</u>	Range number <u>5 E #1</u>
Distance and direction from nearest town or city: <u>8 N. Jct. City</u>			3 Owner of well: <u>Paul Rothbuss CEDAR Estates</u> Address: <u>1012 Highland Junction City, KS</u>			
Street address of well location if in city: <u>KS.</u>						
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>120</u> ft. Date of completion _____ Well diameter <u>8</u> " in. <u>1-23-75</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>PVC</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>5</u> in. to <u>120</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
2		Type and color of material		From	To	8 Screen: Manufacturer <u>Pumped</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>20'</u> Set between <u>85</u> ft. and <u>105</u> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8"</u>
		<u>Top Soil</u>		<u>0</u>	<u>6</u>	9 Static water level: <u>NO MEASUREMENT</u> _____ ft. below land surface Date _____
		<u>Sandy yellow Clay</u>		<u>6</u>	<u>18</u>	
		<u>Fine Sand</u>		<u>18</u>	<u>39</u>	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>8</u> g.p.m.
		<u>Grey Shale</u>		<u>39</u>	<u>49</u>	
		<u>White Limestone</u>		<u>49</u>	<u>58</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
		<u>Blue Shale</u>		<u>58</u>	<u>73</u>	
		<u>Shaley Blue Limestone</u>		<u>73</u>	<u>88</u>	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>24</u> <input type="checkbox"/> Inches above grade
		<u>Loose White Limestone</u>		<u>88</u>	<u>95</u>	
		<u>Blue Shale</u>		<u>95</u>	<u>106</u>	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.
		<u>Grey Limestone</u>		<u>106</u>	<u>113</u>	
		<u>Blue Shale</u>		<u>113</u>	<u>120</u>	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.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						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>RLN 75 Holton, KANS.</u> Signed <u>Bob Ashum</u> Date <u>1-25-75</u> Authorized representative
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WW-5