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

WATER WELL RECORD KSA 82a-1201-1215

ш					لسب					
I	Γ	- 1	?	EW		sec	1/4	1/4	1/4	No.

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

	County Township name		Fraction		Section number		Town number		Range number		
1 Location of well:	Heary	Milford	TRCT NE/4		32		105		5 E		
Distance and direction from nearest flywn or city: 8 N. Sct. City 3 Owner of well: Mich Roth tuss Inc.											
Street address of well location if in city:							Junction City XANS				
Locate with "X" in section below: Sketch map:						23		4 Well depth: 163 ft. Date of completion Well diameter 8" in. 5-5-75			
	1 1				78.		5 Cable tool Rotary Driven Dug				
	 						Hollow rod Jetted Bored Reverse rotary				
w E							6 Use: 🔀 Domestic 🔛 Public supply 🔲 Industry 🔲 Irrigation 🔲 Air conditioning 🔲 Commercial				
							7 Casing: Material C. Height: above/below				
							Threaded Welded Surface 24 in.				
S Mile							Diam. Weight 2.33 lbs./ft				
2 Type and color of material						То	8 Scr	_ in. to ft. depthi		-	
						5	Ма	nufacturer Juny	bee.		
	7 7	01 K			<u>0</u>		Typ Slo	t/gguze Le	ngth		
Fine SAND + Clay						28		between 140 ft. and a	<u>/6€</u> ft		
	Grey	Shale			28	36		vel pack 🔯 Yes 🗌 No S ic water level: $oldsymbol{\mathcal{Vo}}$		-	
	GRey	Shaley L	ines To	one :	36	49		ft. below land surface	,		
	Geey	Line STO	ne		49	52		ping level below land surfa ft. after hrs.			
	Blue	Shale	*****		<u>5 2</u>	14		ft. after hrs. mated maximum yield 🌊	pumping g.p.m.		
11 1, + LimesTone						92	11 Wa	rer sample submitted: Yes V No Date			
Blue Shale						113	12 We	I head completion:		1	
White LimesTone						117		Pitless adapter 24 [Inches above grade No	1	
GREY Shale						144	X	Neat cement Bentonit	e 🗆		
, /						148	14 Ne	arest source of possible con			
Loose White Kimes Tone							ft. We	<u>150</u> Direction <u>FA</u> Il disinfected upon complet	Type SePTIL ion? Yes No		
Blue Shale						163	15 Pum	•	Not installed	1	
								nufacturer's name H del number H	P Volts		
							Len Typ	gth of drop pipe ft e:	. capacity g.m.p.		
							· ~	_	Turbine Reciprocating		
	(use	e a second sheet if needed)					_	Certrifugal	Other		
16 Remarks: elevat	tion •						l	er well contractor's certifi well was drilled under my			
Tonography								ort is true to the best of my			
Topography: Kill							Strader Dailling Contract 182 Business name License No.				
☐ Slope ☐ Upland								dress 11-75N Ho	ton KHNS. Date 5-7-2	ķ	
Valley								Authorized represer	tative]	

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

Form WWC-5