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	Township name	Fraction	Section number	Town number	Range number
	Geary	11	SW¼ SW¼ SW¼	4	11	5

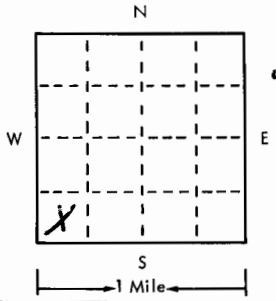
Distance and direction from nearest town or city: 3 W - 8 N

Street address of well location if in city: OF JUNCTION CITY

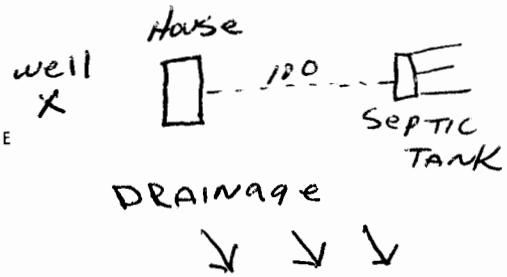
3 Owner of well: ROTHFUSS CONSTRUCTION

Address: JUNCTION CITY, KS.

Locate with "X" in section below:



Sketch map:



4 Well depth: 160 ft. Date of completion 1-14-76
Well diameter 10 in.

5 ☐ Cable tool ☑ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☑ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐

7 Casing: Material PVC Height: (above) below
Threaded ☐ Welded ☐ Surface 24 in.
Diam. 5 in. to 160 ft. depth Weight 2.33 lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☑ No

2

Type and color of material	From	To
TOP SOIL	0	3
BROWN CLAY	4	16
FINE SAND	16	20
GREY SHALE	20	44
GREY LIME	44	88
GREY SHALE	88	124
YELLOW LIME - (LOOSE - BROKEN)	124	128
GREY LIME (FLINT)	128	137
GREY LIME	137	160

(use a second sheet if needed)

8 Screen:
Manufacturer PUMPCO
Type PVC Dia. 5"
Slot/gauze .080 Length 20
Set between 120 ft. and 140 ft.
Fittings:
Gravel pack ☑ Yes ☐ No Size/range of material 1/4 X 1/8

9 Static water level:
120 ft. below land surface Date 1-14-76

10 Pumping level below land surfaces: AIR TEST
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 g.p.m.

11 Water sample submitted:
☐ Yes ☑ No Date ___

12 Well head completion: CAPPED
☐ Pitless adapter ☑ Inches above grade

13 Well grouted? ☑ Yes ☐ No
☑ Neat cement ☐ Bentonite ☐
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 100 Direction E Type SEPTIC TANK
Well disinfected upon completion? ☑ Yes ☐ No

15 Pump: ☑ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation
OWNER WILL INSTALL SLAB

Topography:
☑ Hill
☐ Slope
☐ Upland
☐ Valley

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.
STRADER DRLG CO. INC 182
Business name License No.
Address RFD 1 Holton, KS
Signed Dale Ashum Date 1-16-76
Authorized representative

11-5-1-4 35 35 11

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

Form WWC-5