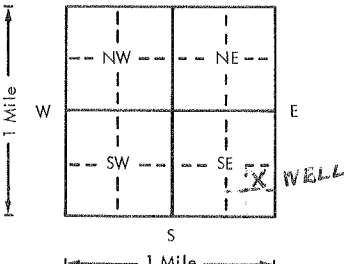


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <u>Geary</u>	Fraction <u>NE 1/4 SE 1/4 SE 1/4</u>	Section number <u>34</u>	Township number <u>T 11 S R 6</u>	Range number <u>6</u> (EW)
2. Distance and direction from nearest town or city: <u>1 mile east</u> Street address of well location if in city: <u>1 mile north of Junction City</u>		3. Owner of well: <u>Clyde Ascher</u> R.R. or street: <u>R.R. # 2</u> City, state, zip code: <u>Junction, City</u>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	
Clay			0	8	
Rock			8	11	
Yellow clay - loss of circulation			11	18	
Limestone			18	21	
Yellow and red clay			21	34	
Flint rock			34	36	
Flint rock and limestone			36	46	
Tough clay - gray			46	53	
Rock			53	56	
Tough red clay - water			56	63	
Rock			63	74	
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>well is located in a field</u>		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. <u>Rader Drilling Co.</u> 194 Business name Address <u>Carlton, Kansas 67427</u> License No. Signed <u>Dr. J. P. Rader</u> Date <u>2-11-77</u> Authorized representative		

6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>74</u> ft. <u>12/20/76</u>
7. <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
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
9. Casing: Material <u>plst</u> Height: Above or <u>below</u> Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>74</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>0.258</u>
10. Screen: Manufacturer's name <u>Western Plastics</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>2/32</u> Length <u>20'</u> Set between <u>54</u> ft. and <u>74</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>
11. Static water level: _____ mp./day/yr. <u>54</u> ft. below land surface Date <u>12/20/76</u>
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> Inches above grade
15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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

11
R
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3N
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35
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1/4
1/4

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

Form WWC-5