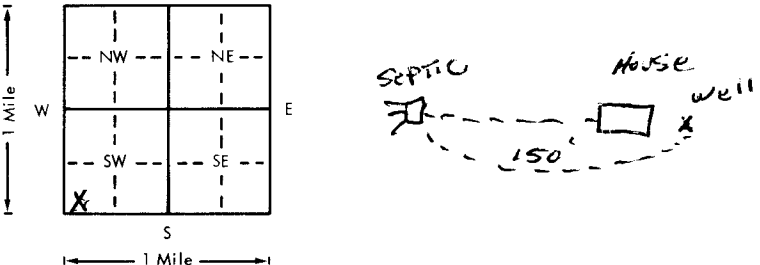


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 GEARY	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 1	Township number T 12 S	Range number R 4 E/W
2. Distance and direction from nearest town or city: 5 W OF Street address of well location if in city: JUNCTION CITY			3. Owner of well: RICHARD ROCHFUS R.R. or street: City, state, zip code: JCT. CITY, KS			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		6. Bore hole dia. 8 in. Completion date _____ Well depth 140 ft. 9-13-77	
5. Type and color of material			From		To	
			TOP SOIL		0	4
			Clay, BROWN		4	18
			Shale, grey, Limestone, grey		18	74
			Limestone, yellow		74	75
		Shale, grey, Red, Limestone, grey		75	140	
			10. Screen: Manufacturer's name PUMPCO		Type PVC Dia. 5 Sieve gauze 100 Length 30 Set between 70 ft. and 100 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 X 1/8	
			11. Static water level: _____ mo./day/yr. 75 ft. below land surface Date 9-13-77		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 4 g.p.m.	
			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		14. Well head completion: CAP _____ Pitless adapter 24 Inches above grade	
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 5 ft. to 15 ft.		16. Nearest source of possible contamination: ft. 150 Direction W Type SEPTIC Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other		18. Elevation: Topography: <input checked="" type="checkbox"/> Hill _____ Slope _____ Upland _____ Valley	
19. Remarks: OWNER WILL INSTAL SLAB			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. Straker Dalg Co Inc 183 Business name License No. _____ Address RT 1 HATION, KS Signed Dale Dechen Date 4-15-78 Authorized representative			

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

Form WWC-5