

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: <b>GEARY</b>	Fraction: <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number: <b>27</b>	Township number: <b>12</b>	Range number: <b>4</b>
2. Distance and direction from nearest town or city: <b>7 NW of</b>			3. Owner of well: <b>RICHARD ROCHFUS</b>		
Street address of well location if in city: <b>JUNCTION CITY</b>			R.R. or street: <b>1012 Highland</b>		
			City, state, zip code: <b>JUNCTION CITY, KS</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date _____	
				Well depth <b>190</b> ft. <b>7-9-77</b>	
5. Type and color of material		From	To	7. 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	
Top Soil		0	4	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
Clay, BROWN		4	25	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock	
Shaley Limestone, yellow		25	85	<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Limestone, yellow, Broken		85	95	9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below	
Shaley, grey, Lime, grey		95	140	Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in.	
				RMP <input type="checkbox"/> PVC <b>4L</b> Weight <b>2.58</b> lbs./ft.	
				Dia. <b>5</b> in. to <b>140</b> ft. depth Wall Thickness: inches or	
				Dia. _____ in. to _____ ft. depth gage No. <b>269</b>	
				10. Screen: Manufacturer's name _____	
				Type <b>PVC</b> Dia. <b>5</b>	
				Slot gauze <b>0.30</b> Length <b>30</b>	
				Set between <b>85</b> ft. and <b>105</b> ft.	
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>0.25 x 0.60</b>	
				11. Static water level: _____ ma./day/yr.	
				<b>60</b> ft. below land surface Date <b>7-10-77</b>	
				12. Pumping level below land surfaces:	
				_____ ft. after _____ hrs. pumping _____ g.p.m.	
				_____ ft. after _____ hrs. pumping _____ g.p.m.	
				Estimated maximum yield <b>30</b> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <b>CAP</b>	
				<input type="checkbox"/> Pitless adapter <b>24</b> inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/>	
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
				Depth: From <b>5</b> ft. to <b>12</b> ft.	
				16. Nearest source of possible contamination:	
				ft. <b>200</b> Direction <b>N</b> Type <b>SEPTIC</b>	
				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	
				(Use a second sheet if needed)	
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography:	<b>OWNER TO INSTALL SIAB</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input checked="" type="checkbox"/> Hill			Business name <b>STRADER D&amp;G CO INC 182</b>		
<input type="checkbox"/> Slope	Address <b>HOLTON, KS</b> License No. _____				
<input type="checkbox"/> Upland	Signed <b>Dave Custer</b> Date <b>7-14-77</b>				
<input type="checkbox"/> Valley	Authorized representative				

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

Form WWC-5