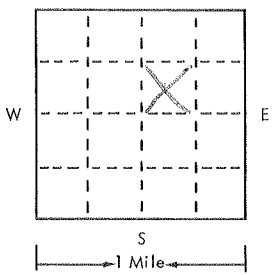


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T 12 S R 5 E 10 1/4 NE 1/4
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 GEARY	Township name SMOKY HILL	Fraction SW 1/4 NE 1/4	Section number 10	Town number T 12 S	Range number R 5 E	
Distance and direction from nearest town or city: 1/2 MI WEST OF JUNCTION CITY, KS			3 Owner of well: DAVID S. WALKER Address: 934 MULBERRY JUNCTION CITY, KS				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 110 ft. Date of completion Aug 12-75 Well diameter 9 in.	
2 Type and color of material			From	To	5 <input checked="" type="checkbox"/> Cable tool <input 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	3	6 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"/> Commercial <input type="checkbox"/> Test well	
			Yellow Limestone	3	34	7 Casing: Material Plastic Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Digm. _____ Weight _____ lbs./ft. _____ 6 in. to 110 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
			Blue Shale	34	42	8 Screen: Manufacturer Jess & Lowell Type Plastic RMP Dia. 6" Slot/gauze 1/8 Length 40' Set between 100 ft. and 140 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/8 X 1/4	
			Yellow Limestone	42	71	9 Static water level: 70 ft. below land surface Date Aug 12-75	
			Blue Shale	71	101	10 Pumping level below land surfaces: Blanketed _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5 g.p.m.	
			Red Shale	101	112	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
			Limestone	112	114	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
			Blue Shale	114	153	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 110 ft. to 6 ft.	
			Red Shale	153	155	14 Nearest source of possible contamination: NONE ft. 1200 Direction SW Type Surface Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Blue Shale	155	160	15 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)							
16 Remarks: elevation			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 Drilling Co 237 Business name _____ License No. _____ Address Blue Rapids 1st Signed Harold Strader Date Aug 12-75 Authorized representative				

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