

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>NE 1/4 NE 1/4 NE 1/4</b>	Section number <b>22</b>	Township number <b>T 12</b>	Range number <b>R 5</b>
2. Distance and direction from nearest town or city: <b>1 S OF JUNCTION CITY</b>			3. Owner of well: <b>JOE BAVER, LAW CO. INC.</b> R.R. or street: City, state, zip code: <b>JUNCTION CITY</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>10</b> in. Completion date _____ Well depth <b>70</b> ft. <b>6-3-78</b>	
		<p style="text-align: center;">well X — 100' — drainage ditch</p>			7. <input checked="" 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	
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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		
<b>FILL DIRT</b>		<b>0</b>	<b>10</b>	9. Casing: Material <b>PVC</b> Height: <input checked="" type="checkbox"/> Above or below Threaded _____ Welded _____ Surface <b>24</b> in. RMP _____ PVC <b>96</b> Weight <b>2.58</b> lbs./ft. Dia <b>5</b> in. to <b>70</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>1274</b>		
<b>Clay, BROWN</b>		<b>10</b>	<b>45</b>	10. Screen: Manufacturer's name <b>PUMPCO MPE</b> Type <b>PVC</b> Dia. <b>5</b> <input checked="" type="checkbox"/> Slot gauze <b>.020</b> Length <b>20</b> Set between <b>50</b> ft. and <b>70</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>10-30 mesh</b>		
<b>SAND-GRAVEL, COARSE</b>		<b>45</b>	<b>60</b>	11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>6-3-78</b>		
<b>shale, GR</b>		<b>60</b>	<b>70</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>100</b> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>E</b> Type <b>DRAINAGE</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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<b>OWNER TO INITIAL SLAB</b>		<b>STRADER DAIG Co Inc 182</b> Business name License No. Address <b>RT1 HOLTON, KS</b> Signed <b>Dale Carlson</b> Date <b>6-6-78</b> Authorized representative		

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

Form WWC-5

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