

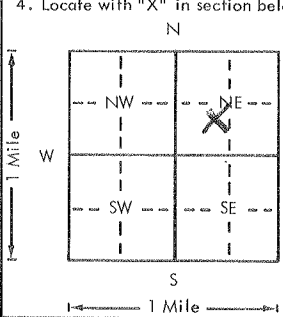
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

*Need Corrections*

WATER WELL RECORD  
KSA 82a-110-1215

*Junction City Kans*

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well: County: <i>Jeary</i>		Fraction: <i>lots 111 to 119</i> <i>NE 1/4 SO 1/4 NE 1/4</i>		Section number: <i>2</i>	Township number: <i>T 12 South</i>	Range number: <i>R 5 east</i>
2. Distance and direction from nearest town or city: <i>121 W 8th St</i>			3. Owner of well: <i>Robert Waters 6644</i>			
Street address of well location if in city: <i>Junction City Kans</i>			R.R. or street: <i>829 Crestview Dr</i>			
			City, state, zip code: <i>Junction City KS</i>			
4. Locate with "X" in section below: 			Sketch map: <i>Half well there 119-111</i> <i>121W 8th</i> <i>parking lot</i> <i>other well here</i>		6. Bore hole dia. <i>15</i> in. Completion date: <i>6-12-77</i> Well depth <i>60</i> ft.	
					7. <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	
					8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input checked="" 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 <i>STEEL</i> Height Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <i>20</i> lbs/ft Dia. <i>8 1/2</i> in. to <i>60</i> ft. depth Wall Thickness: inches or Dia. <i>2 1/2</i> in. to <i>60</i> ft. depth gage No. <i>272, 277</i>	
5. Type and color of material			from To		10. Screen: Manufacturer's name <i>Valley Steel</i>	
<i>Clay &amp; loam</i>			<i>0 6</i>		Type <i>perforated</i> Dia. <i>8 1/2 in</i>	
<i>fine sand</i>			<i>6 40</i>		Slot/gauze <i>0.060</i> Length <i>6ft</i>	
<i>gravel &amp; fine sand</i>			<i>40 54</i>		Set between <i>5' 4"</i> ft. and <i>60</i> ft.	
			<i>54 60</i>		Gravel pack? <input checked="" type="checkbox"/> Size, range of material: <i>1/4" X 1/2"</i>	
					11. Static water level: <i>40</i> ft. below land surface Date <i>6-12-77</i>	
					12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <i>over 70</i> g.p.m.	
					13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No Date	
					14. Well head completion: <i>NA</i> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>11</i> ft. to <i>top</i> ft.	
					16. Nearest source of possible contamination: <i>30</i> ft. Direction <i>east</i> Type <i>Sewer Pipe</i> 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	
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. <i>Strader Drilling Co 23</i> Business name <i>Blue Rapids</i> License No. _____ Address <i>Harold Strader</i> Date <i>6-12-77</i> Signed _____ Authorized Representative	

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

Form WWC-5