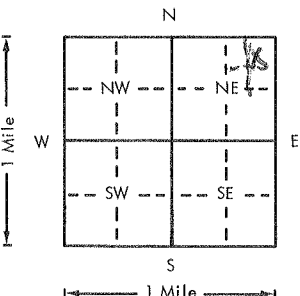


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Geary</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section number <u>18</u>	Township number <u>T 12 S</u>	Range number <u>R 6</u>
2. Distance and direction from nearest town or city: <u>3 miles east</u> Street address of well location if in city: <u>1 south of Junction City</u>			3. Owner of well: <u>Fred Junghans</u> R.R. or street: <u>R.R.</u> City, state, zip code: <u>Junction City, Kansas</u>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>123</u> ft. <u>10/20/76</u>		
5. Type and color of material			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 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From			9. Casing: Material <u>plst</u> Height: Above or below _____ Threaded _____ Welded _____ Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>123</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>0.258</u>		
			10. Screen: Manufacturer's name _____ <u>Western Plastics</u> Type <u>RMP</u> Dia. <u>5 1/2</u> Slot/gauze <u>3/32</u> Length <u>60'</u> Set between <u>63</u> ft. and <u>123</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>		
Brown clay			11. Static water level: _____ mo./day/yr. <u>60</u> ft. below land surface Date <u>10/20/76</u>		
Limestone and flint			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ <u>7 1/2</u> g.p.m.		
Blue			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Red			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade		
Blue			15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
Limestone			16. Nearest source of possible contamination: _____ hog pens ft. <u>100</u> Direction <u>north</u> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
Flint rock			17. Pump: _____ Not installed Manufacturer's name <u>Reda</u> Model number <u>9D9Po51</u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>115</u> ft. capacity <u>9</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other		
Gray shale and blue			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. <u>Rader Drilling Co.</u> <u>194</u> Business name _____ License No. _____ Address <u>Carlton, Kansas</u> <u>67429</u> Signed <u>Bruce E. Rader</u> Date <u>11-30</u> Authorized representative		
Limestone and flint					
Black shale			18. Elevation:		
Flint			19. Remarks: <u>Customer will construct the concrete slab.</u>		
Gray shale			Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		
Red shale					
Limestone			(Use a second sheet if needed)		
Gray shale					

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

Form WWC-5

12
 18
 NE
 NW
 SE
 SW
 Sec
 1/4
 1/4
 1/4
 1/4