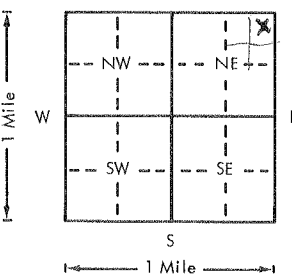


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>32</b>	Township number <b>T 12 S R 6 E/W</b>	Range number <b>6 E/W</b>	
2. Distance and direction from nearest town or city: <b>5 mile South of Junction City</b>			3. Owner of well: <b>Gerald Erickson</b> R.R. or street: <b>RB4 Box 18</b> City, state, zip code: <b>Junction City Kan 66441</b>				
4. Locate with "X" in section below: N 			Sketch map:		6. Bore hole dia. <b>6 1/2</b> in. Completion date <b>7-1-77</b> Well depth <b>95</b> ft.		
5. Type and color of material			From	To	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		
Topsoil - Blk			0	2	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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
LIME - Broken Yel			2	5	9. Casing: Material <b>Pits</b> Height <b>(Above)</b> or below Threaded <input type="checkbox"/> Welded <b>glu</b> Surface <b>16</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>20</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>1200</b>		
LIME - Yel			5	10	10. Screen: Manufacturer's name <b>Sunflower</b> Type <b>RMP</b> Dia. <b>5"</b> Slot gauge <b>1/8</b> Length <b>75</b> Set between <b>20</b> ft. and <b>95</b> ft. _____ ft. and _____ ft.		
Clay Brn			10	15	Gravel pack? <b>NO</b> Size range of material _____		
Shale Yel			15	19	11. Static water level: _____ mo./day/yr. <b>17</b> ft. below land surface Date <b>7-1-77</b>		
LIME - Broken Yel			19	21	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>9</b> g.p.m.		
Shale Yel			21	22	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
LIME - Wht			22	24	14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>16</b> Inches above grade		
Shale - Lite			24	33	15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.		
LIME - Gray			33	38	16. Nearest source of possible contamination: ft. <b>50</b> Direction <b>S</b> Type <b>Hogs</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Shale - Gray			38	42	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		
LIME			55	60	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. <b>Zinn Water Well Drilling 210</b> Business name _____ License No. _____ Address <b>Box 568 Lost Springs</b> Signed <b>Jerry R. Zinn</b> Date <b>7-22-</b> Authorized representative		
Shale - lite Blue			60	63			
LIME - Iron Gray - Abrasive			63	86			
Shale - Gray			86	87			
LIME - Wht/Blk flecks - Abrasive			87	95			
(Use a second sheet if needed)							
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>Concrete slab to be responsibility of owner. He knows this is a regulation. Gerald Erickson</b>					

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

Form WWC-5