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: Geary	Fraction: SE 1/4 NE 1/4 SE 1/4	Section number: 28	Township number: T 13 S	Range number: R 5 E/W

2. Distance and direction from nearest town or city: 11 S 1 W

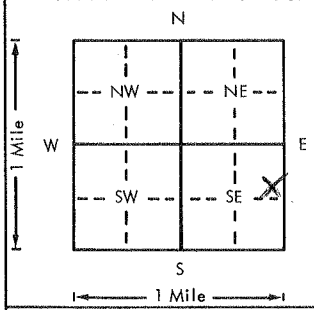
Street address of well location if in city: Junction City

3. Owner of well: Shirley Janke

R.R. or street:

City, state, zip code:

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 7 in. Completion date 10-14-76
Well depth 130 ft.

7. X Cable tool ___ Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: ___ Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning X Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material PVC Height: Above or below
Threaded ___ Welded ___ Surface 20 in.
RMP ___ PVC X Weight 5.64 lbs./ft.
Dia. 5" in. to 130 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .250

MNC

5. Type and color of material	From	To
Top Soil	0	2
Lime Stone	2	24
Yellow Clay	24	42
Lime Stone	42	58
Some water	58	60
Gray Flint Rock	60	108
Red Rock	108	125
Some Water	125	
Gray Flint Rock	125	130

(Use a second sheet if needed)

10. Screen: Manufacturer's name P.S.I.
Type PVC Dia. 5"
Slot/gauze 40 Length 30
Set between 55 ft. and 70 ft.
115 ft. and 130 ft.
Gravel pack? X Size range of material 3/8

11. Static water level: mo./day/yr.
60 ft. below land surface Date 10-14-76

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes ___ No Date

14. Well head completion:
X Pitless adapter ___ Inches above grade

15. Well grouted? X
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination: Milk
ft. 60 Direction S Type Barn
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T 13 R 5 W Sec 28 1/4 1/4 1/4 SE NE SE

18. Elevation:

Topography:
X Hill
___ Slope
___ Upland
___ Valley

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.
Backhus Drg 180
Business name License No.
Address Tampa Ks
Signed Paul Backhus Date
Authorized representative

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

Form WWC-5

MI-1023