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

T		R		EW		sec	1/4	1/4	1/4	No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

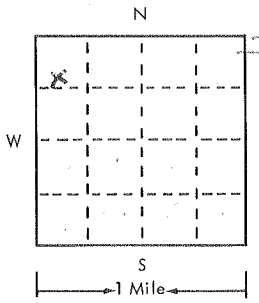
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Geary	Blakelp	NW1/4 of NW1/4	13	T-13-S	6E

Distance and direction from nearest town or city:

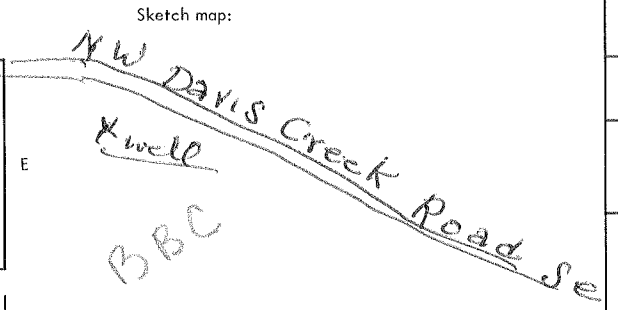
Street address of well location if in city:

3 Owner of well: Alvin Junghans
Address: RH 4 Junction City Kans 66441

Locate with "X" in section below:



Sketch map:



4 Well depth: 54 ft. Date of completion 7-11-75
Well diameter 6 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug
[ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry
[ ] Irrigation [ ] Air conditioning [ ] Commercial
[ ] Test well [ ] Human

7 Casing: Material RMP Height: above/below
Threaded [ ] Welded [ ] Surface 14" in.
Diam. 6" Weight ____ lbs./ft.
____ in. to 54 ft. depth Drive shoe? [ ] Yes [ ] No
____ in. to ____ ft. depth

2

Type and color of material	From	To
Reconstructed Well		
Clean out		
54' Total Depth		

(use a second sheet if needed)

8 Screen:
Manufacturer Sunflower
Type RMP Dia. 6"
Slot/gauze 3/32 Length 10'
Set between 44 ft. and 54 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material ____

9 Static water level:
29 ft. below land surface Date 7-11-75

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 15 g.p.m.

11 Water sample submitted:
[ ] Yes [X] No Date ____

12 Well head completion: NA
[ ] Pitless adapter [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[ ] Neat cement [ ] Bentonite [ ] Concrete
Depth: From 4 ft. to 17 ft.

14 Nearest source of possible contamination: Dont Know
ft. ____ Direction ____ Type ____
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [ ] Not installed
Manufacturer's name NA
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevation

Topography: Slope to S.W.
[ ] Hill
[X] Slope
[ ] Upland
[X] Valley

17 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.
Moritz Drilling 120
Business name License No.
Address RH 4 Box 59 JC Kans
Signed F.W. Moritz Date 5-21-
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5