

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

Seast 8/26/77

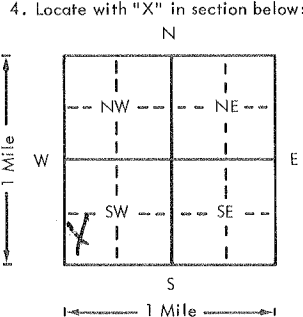
WATER WELL RECORD
KSA 82a-1201-1215

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

NW 1/4 SW 1/4 SW 1/4

1. Location of well: County *Leary* Fraction *SW 1/4* Section number *7* Township number *13 South* Range number *R 7 East of PM*

2. Distance and direction from nearest town or city: *east Junction city to 1089 Highway on 10/70 then S. east about 12 miles* 3. Owner of well: *Fred Jermann*
Street address of well location if in city: R.R. or street: *R.R. 2* City, state, zip code: *Dwight Kans 6684*

4. Locate with "X" in section below: Sketch map: 

6. Bore hole dia. *10* in. Completion date *May 29-1977*
Well depth *68* ft.

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

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

9. Casing: Material *PVC* Height: Above or below
Threaded Welded Surface *36* in.
RMP PVC Weight lbs./ft.
Dia. *5* in. to *68* ft. depth Wall Thickness: inches or
Dia. in. to ft. depth gage No. *sch 40*

5. Type and color of material	From	To
<i>top soil Black</i>	<i>1</i>	<i>5</i>
<i>Rock yellow limestone</i>	<i>5</i>	<i>35</i>
<i>Shale Blue</i>	<i>35</i>	<i>68</i>

10. Screen: Manufacturer's name *Pumpco*
Type *PVC* Dia. *5*
Slot/gauze *.040* Length *20' max*
Set between *20* ft. and *40* ft.
Gravel pack? Size range of material *4X4*

11. Static water level: *18* ft. below land surface Date *May 29 1977*
mo./day/yr.

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

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

14. Well head completion: *NA*
 Pitless adapter ____ inches above grade

15. Well grouted?
With: Neat cement Bentonite Concrete
Depth: From *15* ft. to *5* ft.

16. Nearest source of possible contamination: *400* ft. Direction *east* Type *Hog*
Well disinfected upon completion? Yes No

17. Pump: 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

18. Elevation: _____

19. Remarks: _____
(Use a second sheet if needed)

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.
Shades Drilling Co 237 NW SW 1/4 SW 1/4
Business name *Blue Rapids* License No. _____
Address _____
Signed *Harold Strader* Date *5-29-77*
Authorized representative

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

Form WWC-5