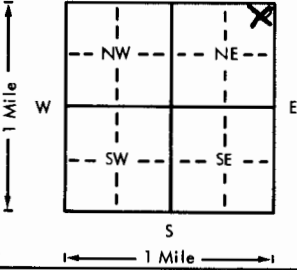


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

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

1. Location of well: County <u>Morris</u> Fraction <u>Ne 1/4 Ne 1/4 Ne 1/4</u> Section number <u>10</u> Township number <u>18 N</u> Range number <u>5 R</u>	
2. Distance and direction from nearest town or city: <u>13 # 5</u> Street address of well location if in city: <u>Junction City</u> 3. Owner of well: <u>Merton Fitzgerald</u> R.R. or street: <u>RR 2</u> City, state, zip code: <u>White City</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 1</u>
<u>lime Stone</u>	<u>1 24</u>
<u>yellow clay + shale</u>	<u>24 42</u>
<u>Red shale</u>	<u>42 65</u>
<u>lime Stone</u>	<u>65 95</u>
<u>Some Water</u>	<u>95 96</u>
<u>lime Stone</u>	<u>96 108</u>
<u>Gray Rock</u>	<u>108 134</u>
6. Bore hole dia. <u>9</u> in. Completion date <u>4-2-77</u> Well depth <u>    </u> ft.	
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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>    </u> Height <u>Above</u> or below <u>94</u> in. Threaded <u>    </u> Welded <u>    </u> Surface <u>    </u> in. RMP <u>    </u> PVC <input checked="" type="checkbox"/> Weight <u>10640</u> lbs./ft. Dia. <u>5</u> in. to <u>134</u> ft. depth Wall Thickness: inches or Dia. <u>    </u> in. to <u>    </u> ft. depth gage No. <u>238</u>	
10. Screen: Manufacturer's name <u>    </u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>SP</u> Length <u>20'</u> Set between <u>100</u> ft. and <u>120</u> ft. <u>    </u> ft. and <u>    </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>SP</u>	
11. Static water level: <u>90</u> ft. below land surface Date <u>4-2-77</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. Estimated maximum yield <u>    </u> g.p.m.	
13. Water sample submitted: <u>    </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>    </u>	
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>    </u> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
16. Nearest source of possible contamination: <u>70</u> ft. Direction <u>W</u> Type <u>Cattle Corral</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>    </u> Model number <u>    </u> HP <u>    </u> Volts <u>    </u> Length of drop pipe <u>    </u> ft. capacity <u>    </u> 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	
(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:  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>Backhus Dr. Co. 180</u> Business name <u>Tampa K.S. Inc.</u> License No. <u>    </u> Address <u>    </u> Signed <u>Paul H. Backhus</u> Date <u>4-2-77</u> Authorized representative

14 - 50 - 10 NE NE NE

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

Form WWC-5