- 86

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

WATER WELL RECORD KSA 82a-1201-1215

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	R	EW	se	ec 1/4	1/4	1/4	Nο			
V	Kansas State Dept. Of Healt (Water Well Contractors) Forbes–Bldg. 740 Topeka, Kansas 66620									

			•
County Township name Fraction	Se	tion numbe	r Town number Range number
1 Location of well: Pottawatomie Belvue (W NE4, NE4	1	3	T10S R11E
between US24 & UPRR Tracks	wner of w		Kansas Power & Light Co. Jeffrey Energy Center Belvue, Kansas
Locate with "X" in section below: Sketch map:	2100		4 Well depth 65.40 ft. Date of completion 7/26 Well diameter 42 in.
			5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored XX Reverse rotary  6 Use: Domestic Public supply
W  '' E			Irrigation   Air conditioning   Commercial   Test well
S Mile			Threaded
2 Type and color of material	Fron	t To	in. toft. depth
Top soil		0 2	Manufacturer Layne
Brown clay		2 12	Slot/gauze 0.105" Length 30' Set between 33 ft. and 63 ft
Med. to coarse sand & med. gravel	1	2 26	Fittings: 1/8" - 3/8" Gravel pack  Yes □ No Size range of material —
Fine to coarse sand & med. gravel	2	6 46	9 Static water level: 14 ft. below land surface Date 7/22/75
Med. to coarse sand & gravel w/rocks	4	6 63	T ZZ ft. after Z hrs. pumping + 0 4.p.m.
Blue shale	6	3 65	Estimated maximum yieldg.p.m.
			11 Water sample submitted:  ▼ Yes
			12 Well head completion: 24"  23 Pitless adapter Inches above grade
			13 Well grouted?
	+		14 Negrest source of possible contamination: ft. 2600 Direction W. Type Well disinfected upon completion? X Yes
			15 Pump: Not installed  Manufacturer's name Layne  Model number 11MQ HP 150 Volts 440
			Length of drop pipe 35 ft. capacity 800g.m.p.  Type:  Type:  Turbine
(use a second sheet if needed)			☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other
16 Remarks: elevation			17 Water well contractor's certification:
Approx. 959.36			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Topography:			Layne Western Co. 102  Business name License No.
Hill Slope			Address Wichita, Kansas
☐ Upland  X Valley			Signed Date Date Date

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

Form WWC-5