Sent 3-22-77

R

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

NE NE NW

1. Location of well:	County: Leavenworth	Fraction: ~~SW~~ 1/4 ~~SE~~ 1/4 ~~SW~~ 1/4	Section number: ~~35~~ 2	Township number: T ~~9~~ 10 S	Range number: R 21 (E/W)

2. Distance and direction from nearest town or city: 1½ miles east & 1 mile north of Jarbalo, Kansas
Street address of well location if in city:

3. Owner of well: Mr. Kane Chenoweth
R.R. or street: Route 1 Box 216
City, state, zip code: Leavenworth, Kansas

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

N, W, E, S; NW, NE, SW, SE; 1 Mile, 1 Mile

6. Bore hole dia. 8 in. Completion date 3-7-77
Well depth 109 ft.

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

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

9. Casing: Material PL. Height: Above or below
Threaded ___ Welded X Surface ___ 18 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 5 in. to 110 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .265 MNC

10. Screen: Manufacturer's name (Slotted pipe) Vinylplex, Inc.
Type PVC Dia. 5"
Slot/gauze .06 1/16 Length 19'
Set between 30 ft. and 49 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material ¼ - 1/8

11. Static water level: mo./day/yr.
45 ft. below land surface Date 3-7-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 1 1/2 g.p.m.

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

14. Well head completion:
X Pitless adapter 18 Inches above grade

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

16. Nearest source of possible contamination:
ft. 120' Direction south Type septic
Well disinfected upon completion? XX Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Jacuzzi
Model number 5S4B HP 1/2 Volts 220
Length of drop pipe 100 ft. capacity 10 g.p.m.
Type:
X Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

5. Type and color of material

	From	To
Top Soil	0	2
Gravel & Clay - Yellow	2	16
Gravel & Clay - Gray	16	31
Gravel & Clay - Yellow	31	49
Gravel	49	61
Shale	61	102
Lime	102	104
Shale	104	109

(Use a second sheet if needed)

18. Elevation: 917
Topography:
___ 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.
Business name BREUER, INC. License No. 174
Address Box 147 Basehor, Ks. 66007
Signed [signature] Date
Authorized representative

T 10 S R 21 E/W Sec 35 1/4 1/4 1/4 1/4 NE NE NW

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

Form WWC-5

MI-1023

R = 866
V = 882