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

NW NW SE

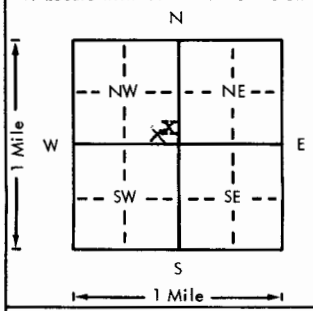
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Leavenworth	~~SE~~ 1/4 ~~SE~~ 1/4 ~~NW~~ 1/4	2	T 10 S	R 21 E/W

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

3. Owner of well: Mr. Michael Chenoweth
R.R. or street: Route 1 Box 217A
City, state, zip code: Leavenworth, Kansas 66048

4. Locate with "X" in section below:

Sketch map:



5. Type and color of material	From	To
Top Soil	0	1
Clay & Gravel	1	42
Gravel	42	46
Shale	46	149
Lime	149	169
Shale	169	175
Slate	175	178

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 9-15-77
Well depth 178 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 179 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .265

10. Screen: Manufacturer's name (Slotted Pipe) Vinylplex, Inc.
Type PVC Dia. 5"
Slot/gauze .06 1/16 Length 10'
Set between 40 ft. and 50 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/4 - 1/8

11. Static water level: mo./day/yr.
46 ft. below land surface Date 9-15-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g. per hr. 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. 300' Direction west Type septic
Well disinfected upon completion? X Yes ___ No

17. Pump: X 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:

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 117, Basehor, Ks. 66007
Signed [signature] Date 9-20-77
Authorized representative

T 10 R 21 E/W Sec 2 1/4 SE SE NW

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

Form WWC-5