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

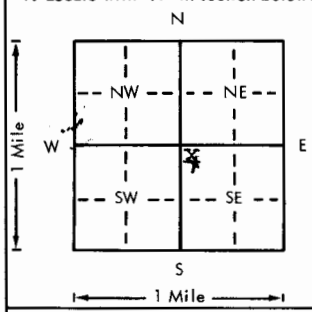
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Leavenworth	NW 1/4 NW 1/4 SE 1/4	26	T 10 S	R 21 E/W

2. Distance and direction from nearest town or city: 2½ miles NE of
Street address of well location if in city: Tonganoxie, Kansas

3. Owner of well: Mr. Edmond Dobbins
R.R. or street: Route 2
City, state, zip code: Tonganoxie, Kansas

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 8 in. Completion date 5-31-77
Well depth 100 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. 6 in. to 102 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .280

5. Type and color of material	From	To
Top Soil	0	3
Clay	3	20
Sandy Clay	20	39
Sand & Gravel	39	42
Lime	42	45
Shale	45	50
Lime	50	73
Shale	73	90
Lime	96	100
(Use a second sheet if needed)		

10. Screen: Manufacturer's name (Slotted Pipe)
Vinylplex, Inc.
Type PVC Dia. 6"
Slot/gauze .06 1/16 Length 40'
Set between 60 ft. and 100 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material ¼ - 1/8

11. Static water level: mo./day/yr.
40 ft. below land surface Date 5-31-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 1/2 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: XX Neat cement ___ Bentonite ___ Concrete
Depth: From 3 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 150 Direction north Type septic
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Jacuzzi
Model number 5S4B HP 1/2 Volts 220
Length of drop pipe 95 ft. capacity 10 g.p.m.
Type:
X Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T 10 R 21 E/W Sec 26 1/4 1/4 1/4 NW NW SE

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.
BREUER, INC. Box 147
Business name License No. 66007
Address 274 Basehor, Ks.
Signed [signature] Authorized representative Date 7/11/77

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

Form WWC-5