218

VBRT

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

WATER WELL RECORD
KSA 82a-1201-1215

ADD

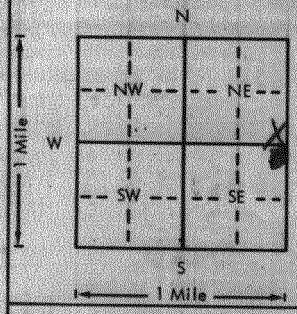
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

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

2. Distance and direction from nearest town or city: 1 mile west
Street address of well location if in city: of Lv. County Shop

3. Owner of well: Wes Nau R. Court
R.R. or street: Route 1
City, state, zip code: Basehor, Kansas 66007

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Top Soil	0	5
Silty Soil	5	35
Gravel & Sand	35	41
Shale	41	100

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 9-8-77
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 Pipe Height: Above or below
Threaded ___ Welded X Surface 18 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 0 in. to 101 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 11 ft.
Set between 34 ft. and 45 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/4 - 1/8

11. Static water level: mo./day/yr.
7 ft. below land surface Date 9-8-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 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 SE 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: 873
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. 174
Business name License No.
Address Box 147, Basehor, Ks. 66007
Signed [signature] Date 9-9-77
Authorized representative

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

Form WWC-5

BR elev = 832
▽ = 866

MI-1023