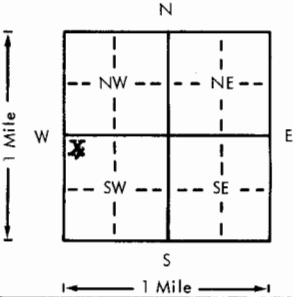


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

*CBEC*

1. Location of well:	County <b>Leavenworth</b>	Fraction <del>NW</del> <sup>SW</sup> <b>1/4 NW 1/4 SW 1/4</b>	Section number <b>20</b>	Township number <b>T 10 S R</b>	Range number <b>22 EW</b>
2. Distance and direction from nearest town or city: <b>2 miles south &amp; 3 miles west of Fairmount, Kansas</b>		3. Owner of well: <b>Mr. Larry Williams</b> R.R. or street: <b>7929 Roswell</b> City, state, zip code: <b>Kansas City, Kansas 66109</b>			
4. Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>8</u> in. Completion date <u>6-13-78</u> Well depth <u>120</u> ft.
<b>Top Soil</b>			<b>0</b>	<b>1</b>	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
<b>Clay</b>			<b>1</b>	<b>6</b>	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<b>Sandstone - Yellow</b>			<b>6</b>	<b>43</b>	9. Casing: Material <u>FL</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>122</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>265</u>
<b>Sandstone - Gray</b>			<b>43</b>	<b>85</b>	10. Screen: Manufacturer's name <u>(Slotted Pipe)</u> <u>Vinylplex, Inc.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.06 1/16</u> Length <u>40</u> Set between <u>80</u> ft. and <u>120</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 - 1/8</u>
<b>Sandy Shale</b>			<b>85</b>	<b>90</b>	11. Static water level: _____ mo./day/yr. <u>40</u> ft. below land surface Date <u>6-13-78</u>
<b>Sandstone - Gray</b>			<b>90</b>	<b>117</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>8</u> g.p.m.
<b>Lime</b>			<b>117</b>	<b>120</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> Inches above grade
					15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>15</u> ft.
					16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>south</u> type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name <u>Jacuzzi</u> Model number <u>584B</u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>110</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
(Use a second sheet if needed)					
18. Elevation: <u>934'</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <b>BREUER, INC.</b> <u>174</u> Business name License No. Address <u>Box 147, Basehor, Ks.</u> Signed <u>[Signature]</u> Date <u>6-20-78</u> Authorized Representative

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10 22 20 NW 1/4

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

Form WW-5