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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

DDA

| | | | | | | |
|--|--|--------------|---|--|---------------------------------------|--------------|
| 1. Location of well: Leavenworth | | County | Fraction SE NE 1/4 SW 1/4 SE 1/4 | Section number 28 | Township number 10 S R 22 E | Range number |
| 2. Distance and direction from nearest town or city: 1 mile west of Basehor, Ks. | | | | 3. Owner of well: Mr. W. J. Brunsky R.R. or street: Route 1 City, state, zip code: Basehor, Kansas 66007 | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. 8 in. Completion date 5-17-79 Well depth 100 ft. | | |
| | | | | 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 | | |
| 5. Type and color of material | | From | To | 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 | | |
| Top Soil | | 0 | 3 | <input checked="" type="checkbox"/> Casing: Material PL Weight: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 102 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 265 | | |
| Clay | | 3 | 8 | 10. Screen: Manufacturer's name (Slotted Pipe) Vinylplex, Inc. Type PVC Dia. 5" Slot/gauze 06 1/16 Length 30' Set between 50 ft. and 80 ft. ft. and <input type="checkbox"/> ft. | | |
| Red Clay | | 8 | 20 | Gravel pack? <input checked="" type="checkbox"/> Size range of material 1-4/1-8 | | |
| Sand & Gravel | | 20 | 39 | 11. Static water level: <input type="checkbox"/> mo./day/yr. 45 ft. below land surface Date 5-17-79 | | |
| Blue Mud | | 39 | 54 | 12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 12 g.p.m. | | |
| Sandstone - Gray | | 54 | 86 | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> | | |
| Lime | | 86 | 100 | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 Inches above grade | | |
| | | | | 15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 15 ft. | | |
| | | | | 16. Nearest source of possible contamination: ft. 150 Direction west Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | 17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Jacuzzi Model number 5S4B HP 1/2 Volts 220 Length of drop pipe 90 ft. capacity 10 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 | | |
| | | | | 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. Signed [Signature] Date 6-12-79 Authorized Representative | | |
| 18. Elevation: 935 | | 19. Remarks: | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

(Use a second sheet if needed)

10 22 28 NE SE SE

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

Form WWC-5

BR = 981
I = 990