

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 Leavenworth	Fraction NE_{1/4} SE_{1/4} SE_{1/4}	Section number 33	Township number T 10 S R 22	Page number 22																		
2. Distance and direction from nearest town or city: 1 mile west of Basehor, Ks.				3. Owner of well: Michael McDowell 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 5-15-79 Well depth: 60 ft.																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>5. Type and color of material:</td> <td>From</td> <td>To</td> </tr> <tr> <td>Top Soil</td> <td>0</td> <td>3</td> </tr> <tr> <td>Clay</td> <td>3</td> <td>35</td> </tr> <tr> <td>Blue Mud</td> <td>35</td> <td>40</td> </tr> <tr> <td>Gravel with Clay</td> <td>40</td> <td>45</td> </tr> <tr> <td>Shale</td> <td>45</td> <td>60</td> </tr> </table>		5. Type and color of material:	From	To	Top Soil	0	3	Clay	3	35	Blue Mud	35	40	Gravel with Clay	40	45	Shale	45	60	7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jerted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
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Top Soil	0	3																						
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Shale	45	60																						
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			9. Casing Material PL. Height: 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 _____ lbs./ft. Dia. 5 in. to 62 ft. depth Well Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. .265																					
			10. Screens: Manufacturer's name (Slotted Pipe Vinylplex, Inc.) Type PVC Dia. 5" Slot/gauze .06 1/16 Length 20' Set between 40 ft. and 60 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 - 1/8																					
			11. Static water level: _____ mc./day/yr. 29 ft. below land surface Date 5-15-79																					
			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: _____ mc./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																					
			14. Well head completion: <input checked="" type="checkbox"/> Pileless 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. 120' Direction east type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
			17. Pump: _____ Not installed Manufacturer's name Jacuzzi Model number 5S4B HP 1/2 Volts 220 Length of drop pipe 50 ft. capacity 10 g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other																					
18. Elevation:		19. Remarks:																						
Topography: ____ Hill ____ Slope ____ Upland ____ Valley																								
		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 _____ Date 5/6/79 Authorized representative																						