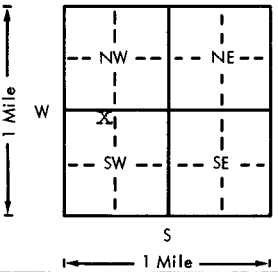
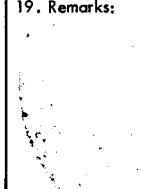


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Wyandotte	Fraction NE 1/4 NW 1/4 SW 1/4	Section number 20	Township number T 10 S R	Range number 23 E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 2 1/2 miles north of Piper, Kansas			3. Owner of well: R.R. or street: Mr. Jim Grohusky 3011 N. 74th City, state, zip code: Kansas City, Kansas 66109		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. 8 in. Completion date 11-11-76 Well depth 81 ft.
Top Soil			0	3	7. <input 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
Clay			3	26	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
Sand & Gravel			26	81	9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 9 in. to 82 ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. 188
Lime			81		10. Screen: Manufacturer's name NONE Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>
					11. Static water level: <input type="checkbox"/> mo./day/yr. 61 ft. below land surface Date 11-11-76
					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.
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
					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 16 ft.
					16. Nearest source of possible contamination: ft. 100' Direction east 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 5SLM HP 1/2 Volts 220 Length of drop pipe 80 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
(Use a second sheet if needed)					
18. Elevation: 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. BREUER, INC. 174 Business name License No. Address Box 147 Bascher, Ks. 66600 Signed <i>Ralph M. Breuer</i> Date <input type="checkbox"/> Authorized representative		

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

Form WWC-5

T 10 23 E
R 20
Sec 1/4 NEWSU