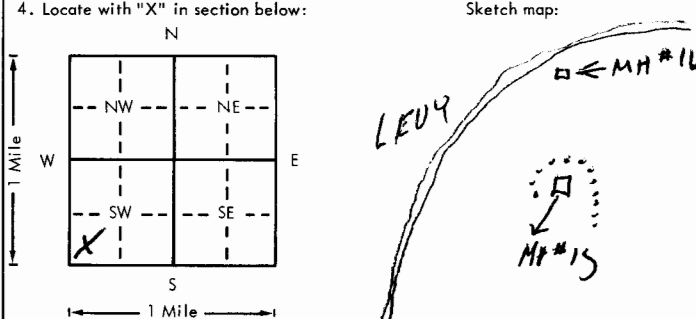


MH #15

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

MH #15 Install
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 S.W. 1/4 S.W. 1/4 S.W. 1/4 Section number 13 Township number T 10 S Range number R 24 (EN)			
2. Distance and direction from nearest town or city: 3 MI N.W. OF MAPAS CITY KS Street address of well location if in city: NEUMAN POWER PLANT		3. Owner of well: MOOREHEAD - AMERICAN R.R. or street: 5200 KATHUNE City, state, zip code: DOWNERS GROVE ILL, 60515	
4. Locate with "X" in section below:  Sketch map: LEU4 , MH #15		6. Bore hole dia. 1 1/2 in. Completion date 3-28-79 Well depth 23 ft.	
5. Type and color of material		7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
		8. Use: <input 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 checked="" type="checkbox"/> Other	
		9. Casing: Material STEEL Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 2.22 lbs./ft. Dia. 1 1/2 in. to 23 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 4D	
		10. Screen: Manufacturer's name M-7A Type MESH Dia. 1 1/2 Slot/gauze <input type="checkbox"/> Length 36 Set between 23 ft. and 26 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? No Size range of material <input type="checkbox"/>	
		11. Static water level: <input type="checkbox"/> mo./day/yr. 13 ft. below land surface Date 3-28-79	
		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 <input type="checkbox"/> 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: No Pitless adapter <input type="checkbox"/> Inches above grade	
		15. Well grouted? YES With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 12 ft.	
		16. Nearest source of possible contamination: ft. 100 Direction N Type RIVER Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		17. Pump: <input type="checkbox"/> Not installed Manufacturer's name NOPE Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation: 792 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: JETT 12 Wellpoints AROUND MH #15 - MATERIAL Uniform For all Wellpoints	
		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. MOOREHEAD - AMERICAN Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address DOWNERS GROVE, ILL Signed J. Lesgner Date 3-28-79 Authorized representative	

T 10 S R 24 W 13 Sec 1/4 1/4 1/4 1/4

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

Form WWC-5