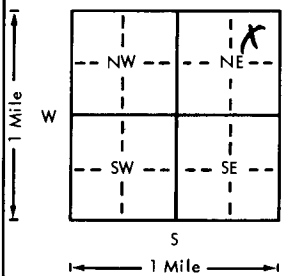


MH #4

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

MH #4 Remove
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 <u>Wyandotte</u> Fraction <u>N.W. 1/4 N.E. 1/4 N.E. 1/4</u> Section number <u>23</u> Township number <u>T 10 S R 24 E</u> Range number <u>6</u>	
2. Distance and direction from nearest town or city: <u>3 mi. N.W. From Kansas City, KS</u> 3. Owner of well: <u>MORETRENCH - AMERICAN</u> Street address of well location if in city: <u>5200 KATRINE AVE</u> R.R. or street: <u>NEUMAN POWER PLANT</u> City, state, zip code: <u>Lawrence, MO, 66044</u>	
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile  <u>LEVY</u> <u>MH #4</u> <u>WELLPOINT HOLES</u>	
5. Type and color of material	
<u>Pull & Grout 12 Wellpoint Holes with Western Bentonite from EL 731 to 752 - Ground Surface EL 752</u>	
6. Bore hole dia. <u>12</u> in. Completion date: <u>5-16-79</u> Well depth <u>26</u> ft.	
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 <u>Steel</u> Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>1 1/2</u> in. RMP <u>12</u> PVC <input type="checkbox"/> Weight <u>2.72</u> lbs./ft. Dia. <u>12</u> in. to <u>23</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth Gage No. <u>40</u>	
10. Screen: Manufacturer's name <u>M-T-A</u> Type <u>Mesh</u> Dia. <u>1 1/2</u> " Slot/gauze <u> </u> Length <u>3</u> Set between <u>23</u> ft. and <u>26</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>No</u> Size range of material <u> </u>	
11. Static water level: <u>21</u> ft. below land surface Date <u>5-16-79</u> mo./day/yr.	
12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.	
13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
14. Well head completion: <u>None</u> adapter <u> </u> inches above grade	
15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u> </u> ft. to <u> </u> ft.	
16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>N</u> Type <u>River</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Pump: <u>Not installed</u> Manufacturer's name <u>None</u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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	
(Use a second sheet if needed)	
18. Elevation: <u>752</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. <u>Moretrench - American</u> Business name <u>Lawrence, MO</u> license No. <u> </u> Address <u> </u> Signed <u>J. Wagner</u> Date <u>5-16-79</u> Authorized representative	

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

Form WWC-5