

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 NW 1/4 NE 1/4 NE 1/4	Section number 23	Township number T 10 SOUTH S	Range number R 24 EAST E/W
2. Distance and direction from nearest town or city: 2 MILES NORTH OF KANSAS CITY, KANSAS Street address of well location if in city: NEARMAN POWER PLANT				3. Owner of well: SHARP BROS INC R.R. or street: 104 E 19th ST City, state, zip code: KANSAS CITY, MO 64108		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. 30 in. Completion date 10-28-78 Well depth 84 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 type="checkbox"/> Jetted <input checked="" 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 type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 30 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 13 in. to 44 ft. depth, Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 188		
				10. Screen: Manufacturer's name JOHNSON Type IRRIGATOR Dia. 13" Slot/gauze .030 Length 70' Set between 24 ft. and 24 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 7/8 GR		
				11. Static water level: <input type="checkbox"/> mo./day/yr. 22 ft. below land surface Date 10-29-78		
				12. Pumping level below land surfaces: 43 ft. after 12 hrs. pumping 400 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 400 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 type="checkbox"/> Pitless adapter 30 Inches above grade		
				15. Well grouted? NO With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.		
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name LAYNE DOWLER Model number <input type="checkbox"/> HP 25 Volts 180 Length of drop pipe 71 ft. capacity 400 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. DEAN TRENCH AMERICAN Business name <input type="checkbox"/> license No. <input type="checkbox"/> Address DOWNERS GROVE, ILL Signed [Signature] Date 2-10-79 Authorized representative		
18. Elevation:		19. Remarks: #8 - DENATERING				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		(Use a second sheet if needed)				

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NW NE NE

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

Form WWC-5