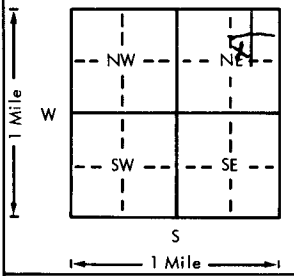


#1

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 SW 1/4 NE 1/4 NE 1/4	Section number 23	Township number T 10 South S	Range number R 24 East EW
2. Distance and direction from nearest town or city: 2 MILES NORTH OF KANSAS CITY, KANSAS Street address of well location if in city: NEARBY POWER PLANT				3. Owner of well: SHARP BROS INC R.R. or street: 1014 EAST 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 9-16-78 Well depth 72 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 24 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 18 in. to 32 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. 250		
				10. Screen: Manufacturer's name _____ Type Level Lumped Dia. 18 Slot/gauze .060 Length 40' Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8 GR		
				11. Static water level: _____ mo./day/yr. 17 ft. below land surface Date 9-17-78		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter 24 inches above grade		
				15. Well grouted? no With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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		
				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. MORETOWH AMERICAN Business name _____ License No. _____ Address DUNNERS GROVE, ILL Signed [Signature] Date 2-79 Authorized representative		
18. Elevation:		19. Remarks: PIEZOMETER				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		(Use a second sheet if needed)				

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

Form WWC-5