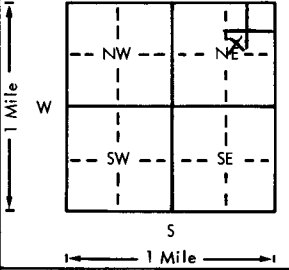


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>WYANDOTTE</b>	Fraction <b>SW 1/4 NE 1/4 NE 1/4</b>	Section number <b>23</b>	Township number <b>T10 South S</b>	Range number <b>R 24 EAST E/W</b>
2. Distance and direction from nearest town or city: <b>2 MILES NORTH OF KANSAS CITY, KANSAS</b> Street address of well location if in city: <b>NETEMAN POWER HOUSE</b>			3. Owner of well: <b>SHARP BROS INC</b> R.R. or street: <b>1014 E. 19th ST</b> City, state, zip code: <b>KANSAS CITY, MO 64108</b>		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <b>30</b> in. Completion date <b>8-27-78</b> Well depth <b>72</b> ft.
Top Soil			0	4	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
Chay			3	7	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
Silty chay			7	13	9. Casing: Material <b>STEEL</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>18</b> in. to <b>32</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>250</b>
Five med Sand			14	40	10. Screen: Manufacturer's name _____ <b>Downer</b> Type <b>GRAVEL GRAD</b> Dia. <b>18"</b> Slot/gauze <b>060</b> Length <b>40</b> Set between <b>32</b> ft. and <b>72</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8 6R</b>
Silty med Five Sand			40	61	11. Static water level: _____ mo./day/yr. <b>18</b> ft. below land surface Date <b>8-28-78</b>
Five Sand			61	72	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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> Inches above grade
					<input checked="" type="checkbox"/> 15. Well grouted? <b>ALO</b> 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
			(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: <del>OBVIOUSLY</del> <b>PIEZOMETER</b>		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. <b>MORETSEK &amp; AMERSON</b> Business name _____ License No. _____ Address <b>DENNIS GOWZ, INC</b> Signed <b>[Signature]</b> Date <b>2-79</b> Authorized representative		

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

Form WWC-5