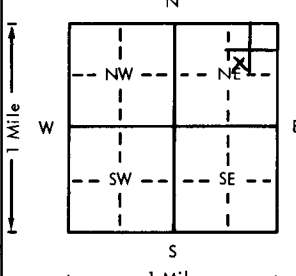


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 WYANDOTT	Fraction SW 1/4 NE 1/4 NE 1/4	Section number 23	Township number T10 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: 1014 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: 		
5. Type and color of material				From	To	6. Bore hole dia. 30 in. Completion date Well depth 30 ft. 9-18-78
Clay				0	6	7. 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
FINE SAND				6	18	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 SAND (FINE)				18	30	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 2 in. to 30 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. SEA 40
						10. Screens: Manufacturer's name SAW CUT - PVC Type PVC Dia. 2" Slot/gauze .040 Length 10' Set between 20 ft. and 30 ft. _____ ft. and _____ ft. Gravel pack? NO Size range of material _____
						11. Static water level: _____ mo./day/yr. 18 ft. below land surface Date _____
						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: NO Pitless adapter _____ Inches above grade
						15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 4 ft. to 6 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: PIEZOMETER		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. MORETERTH AMERICAN Business name _____ License No. _____ Address Downs Grove, Ill Signed [Signature] Date 7-79 Authorized representative		

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

Form WWC-5