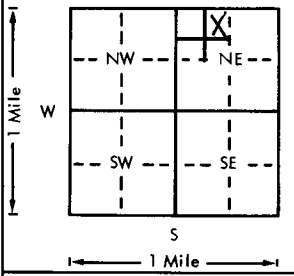


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 NE 1/4 NW 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: 1014 E 19th ST City, state, zip code: KANSAS CITY, MO 64108		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia. 30 in. Completion date _____ Well depth 73 ft. 9-26-78	
5. Type and color of material		From	To	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 _____ Welded <input checked="" type="checkbox"/> Surface 18 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 18 in. to 33 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 1250	
				10. Screen: Manufacturer's name _____ DOERR Type GRAVEL GUARD Dia. 18" Slot/gauze 1060 Length 40 Set between 33 ft. and 73 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 7/8 GR	
				11. Static water level: _____ mo./day/yr. 18 ft. below land surface Date 7-27-78	
				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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter 18 Inches above grade	
				<input checked="" type="checkbox"/> 15. Well grouted? 16 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 checked="" 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. WALTER H. AMERICAN Business name _____ License No. _____ Address 1014 E 19th St Signed [Signature] Date 2-29 Authorized representative	

T
R
W
S
1/4
1/4
1/4
1/4