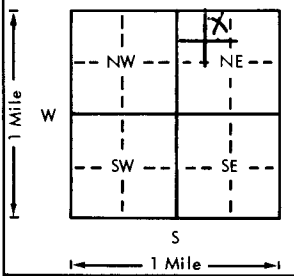


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 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 10-27-78 Well depth 74 ft.
Clay			0	12	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
Silty Sand			12	21	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
FINE MED SAND			21	37	9. Casing: Material STEEL Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 12 in. to 34 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 180
MED Coarse Sand			37	58	10. Screen: Manufacturer's name JOHNSON SCREEN Type TRAPATOR Dia. 12" Slot/gauze .025 Length 40 Set between 34 ft. and 74 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8 6/8
MED to FINE SAND - Silty			58	63	11. Static water level: <input type="checkbox"/> mo./day/yr. 16 ft. below land surface Date 10-28-78
FINE SAND			63	67	12. Pumping level below land surfaces: 26 ft. after 72 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.
FINE SAND w/ GRAVEL			67	74	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
					14. Well head completion: <input type="checkbox"/> Pitless adapter 20 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 LAINIE BOWLER Model number <input type="checkbox"/> HP 25 Volts 480 Length of drop pipe 61 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
(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: #8 - DEWATERING		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. MORETRENCH AMERICAN Business name DOWNERS GROVE, ILL License No. <input type="checkbox"/> Address <input type="checkbox"/> Signed [Signature] Date 2-79 Authorized representative		

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10 240 23 NE NW NE

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

Form WWC-5