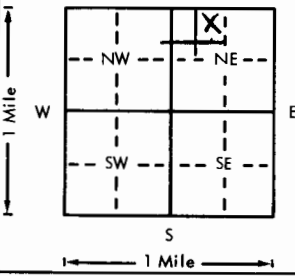


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NE 1/4 NW 1/4 NE 1/4</b>	Section number <b>23</b>	Township number <b>T 10 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>NEARMAN POWER PLANT</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 W E S 1 Mile		Sketch map: 		6. Bore hole dia. <b>20</b> in. Completion date Well depth <b>76</b> ft. <b>10-29-78</b>	
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 <b>STEEL</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>27</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>12</b> in. to <b>36</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>219</b>	
				10. Screen: Manufacturer's name _____ <b>JOHNSON</b> Type <b>REGULATOR</b> Dia. <b>12"</b> Slot/gauze <b>.025</b> Length <b>40'</b> Set between <b>36</b> ft. and <b>76</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8 GR</b>	
				11. Static water level: _____ mo./day/yr. <b>18</b> ft. below land surface Date <b>10-30-78</b>	
				12. Pumping level below land surfaces: <b>37</b> ft. after <b>72</b> hrs. pumping <b>400</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>400</b> 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 <b>27</b> Inches above grade	
				15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>20</b> ft. to <b>28</b> ft. <b>6' to 12'</b>	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <b>RED JACKET</b> Model number _____ HP <b>20</b> Volts <b>480</b> Length of drop pipe <b>66</b> ft. capacity <b>400</b> 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 checked="" type="checkbox"/> Valley	19. Remarks: <b># 8 DEWATERING</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>MOOREHEAD AMERICAN COOP</b> Business name _____ License No. _____ Address <b>DANVERS GROVE, MO</b> Signed <b>[Signature]</b> Date <b>2-10-79</b> Authorized representative	

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10 240 23 NE W 1/4

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

Form WWC-5