

1 LOCATION OF WATER WELL
 County: Wyandotte Fraction NE 1/4 SW 1/4 SE 1/4 Section Number 14 Township Number T10 Souths Range Number R 24E E/W

Distance and direction from nearest town or city? 2 Miles North of Kansas City
 Street address of well if located within city? Nearman Power Plant

2 WATER WELL OWNER: SHARP BROS. CONTRACTING CO.
 RR#, St. Address, Box #: 1014 E. 19th St.
 City, State, ZIP Code: Kansas City, Missouri 64108
 Board of Agriculture, Division of Water Resources
 Application Number: 33,465

3 DEPTH OF COMPLETED WELL: 87 ft. Bore Hole Diameter: 16 in. to 87 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 14 ft. below land surface measured on 10-20-79 month _____ day _____ year
 Pump Test Data: Well water was 29 ft. after 30 hours pumping 1000 gpm
 Est. Yield 1000 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

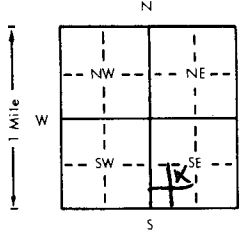
TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass _____ Threaded _____
 Blank casing dia. 12 in. to 57 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 72 in., weight 27 lbs./ft. Wall thickness or gauge No. 215

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia. 0.40 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 57 ft. to 87 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From None ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other ~~_____~~
 Grouted Intervals: From 37 ft. to 50 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) River
 Direction from well: Adjacent How many feet 20? Water Well Disinfected? Yes _____ No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year
 Pump Installed? Yes No _____
 If Yes: Pump Manufacturer's name Red Jacket Model No. 100TSH HP 25 Volts 460
 Depth of Pump Intake 82 ft. Pumps Capacity rated at 1000 gal./min.
 Type of pump: Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 12-16-79 month _____ day _____ year
 and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. 384
 This Water Well Record was completed on 12-25-79 month _____ day _____ year under the business name of MORETRENCH AMERICAN CORPORATION by (signature) [Signature]

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	8	Top Soil			
8	20	clay			
20	67	fine sand			
67	72	fine sand / some gravel			
72	87	fine sand			

ELEVATION: 748

Depth(s) Groundwater Encountered 1. 14 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
10
R
34
EW
SEC
14
NE 1/4 SW 1/4 SE 1/4