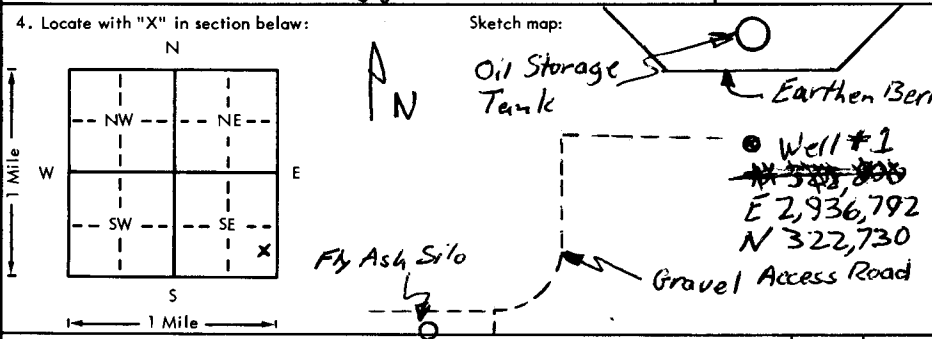


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Wyandotte</u> Fraction <u>NE 1/4 SE 1/4 SE 1/4</u> Section number <u>14</u> Township number <u>T 10 S R 24 E/W</u> Range number	
2. Distance and direction from nearest town or city: <u>K.C. Ks.</u> 3. Owner of well: <u>BPU</u> Street address of well location if in city: <u>55th & Mo. River</u> R.R. or street: <u>55th St. K.C. Ks.</u> City, state, zip code: <u>K.C. Ks.</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
6. Bore hole dia. <u>34</u> in. Completion date <u>1-30-80</u> Well depth <u>131</u> ft.	
7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Aug <input type="checkbox"/> <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary	
8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>2' 2"</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>136.2</u> lbs./ft. Dia. <u>26</u> in. to <u>131</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>500</u>	
10. Screen: Manufacturer's name <u>Johnson</u> Type <u>Wire Wound</u> Dia. <u>26"</u> Slot/gauze <u>0.025</u> Length <u>60' 4"</u> Set between <u>70.6</u> ft. and <u>131</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/4"</u>	
11. Static water level: <u>19</u> ft. below land surface Date <u>6-14-79</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>252</u> ft. after <u>12</u> hrs. pumping <u>2000</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>3500</u> g.p.m.	
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>2' 2"</u> Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4.5</u> ft. to <u>20</u> ft.	
16. Nearest source of possible contamination: <u>2000</u> ft. Direction <u>N</u> Type <u>Mo. River</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Layne</u> Model number <u>12" THC</u> HP <u>200</u> Volts <u>460</u> Length of drop pipe <u>20</u> ft. capacity <u>1800</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation: <u>751</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	
19. Remarks: (Use a second sheet if needed) <u>T.D.</u> <u>140'</u>	
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. <u>Layne-Western Co. Inc. 149</u> Business name License No. Address <u>1040 W 39th K.C. Mo.</u> Signed <u>David S. Higgins</u> Date <u>1/30/80</u> Authorized representative	

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

Form WWC-5

Entered in my log

L 0 240 W 14 NE SE 1/4