

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>SW 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>in K.C.Ks.</u> Street address of well location if in city: <u>55th + Mo. River</u>	
3. Owner of well: <u>Board of Public Utilities</u> R.R. or street: <u>55th St.</u> City, state, zip code: <u>K.C.Ks.</u>	
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Sketch map:</p> </div> </div>	
5. Type and color of material	
	From To
<u>Brown med. to fine sand, fill</u>	0 2'
<u>Brown Silty Clay</u>	2' 6'
<u>Brown Silty fine sand</u>	6' 14'
<u>Brown fine sand</u>	14' 24'
<u>Brown med. to coarse sand w/gravel</u>	24' 35'
<u>Brown fine sand</u>	35' 43'
<u>Brown med. to fine sand, w/coarse sand</u>	43' 47'
<u>Gray fine sand</u>	47' 62'
<u>Gray med. to fine sand, w/coarse sand</u>	62' 70'
<u>Gray med. to coarse sand, w/fine sand and gravel</u>	70' 80'
T.D.	80'
(Use a second sheet if needed)	
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: <u>OB-2 is an observation well, not a pumping well.</u> <u>Concrete pad and guard posts were installed.</u>
6. Bore hole dia. <u>4</u> in. Completion date <u>6-15-79</u> Well depth <u>80</u> ft.	
7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input 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 <u>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>2 1/2</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>Sch 80</u>	
10. Screen: Manufacturer's name _____ Type <u>Slotted P.V.C.</u> Dia. <u>2"</u> Slot/gouze <u>0.05"</u> Length <u>20'</u> Set between <u>60</u> ft. and <u>80</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8"-1/4"</u>	
11. Static water level: _____ mo./day/yr. <u>18.3</u> ft. below land surface Date <u>6-15-79</u>	
12. Pumping level below land surfaces: <u>Observation well</u> <u>0</u> ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m. <u>0</u> ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m. Estimated maximum yield <u>0</u> 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 <u>18</u> Inches above grade	
15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.	
16. Nearest source of possible contamination: ft. <u>2100'</u> Direction <u>North</u> Type <u>Mo. River</u> 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	
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>1010 10th St. K.C., Mo.</u> Signed <u>Don D. Hiji</u> Date <u>6/15/79</u> Authorized representative	

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

Form WWC-5