

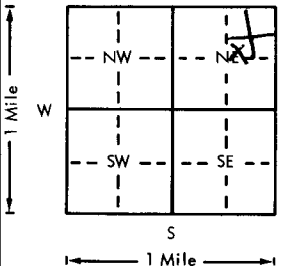
Also: Plugging Report

not in CF

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 SW 1/4 NE 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: 3 miles North of Kansas City, KA Street address of well location if in city: NEWEMAW POWER PLANT			3. Owner of well: SHAWBROS CONTRACTING 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	
Top Soil			0	4	
clay			4	7	
Silty clay			7	13	
FINE MED SAND			14	40	
Silty MED SAND			40	61	
FINE SANDS			61	72	
WELL CASING AND SCREEN REMOVED AND SANDS BACKFILL PLACED TO 15' BELOW GROUND SURFACE. CONCRETE plug placed from 15' to 5' BELOW EXISTING GRADE. BACK FILLED WITH SAND FROM 5' TO EXISTING GRADE			10. Screen: Manufacturer's name DOVER Type GRAVEL GUARD 18" Slat/gauze .060 Length 40' Set between 32 ft. and 72 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8 6R		
			11. Static water level: _____ mo./day/yr. 18 ft. below land surface Date 8-28-78		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
			13. Water sample submitted: _____ ma./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
			14. Well head completion: _____ Pitless adapter 18 inches above grade		
WELL COMPLETED 10-22-78 (Use a second sheet if needed)			15. Well grouted? NO With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.		
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No		
18. Elevation:			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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other		
			19. Remarks: PIEZOMETER		
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 CORP Business name _____ License No. _____ Address Downers Grove, Ill Signed [Signature] Date 2-21-79 Authorized representative					

T 10
 R 24
 W E
 S 23
 Sec SW NE
 1/4 1/4 1/4 1/4