

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

not in CF

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 E/W
2. Distance and direction from nearest town or city: 2 MILES NORTH OF KANSAS CITY, KANSAS Street address of well location if in city: NEARMAN POWER PLANT			3. Owner of well: SHARP BROS INC R.R. or street: 1014 E. 19th ST City, state, zip code: KANSAS CITY, MO 64108		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia. 30 in. Completion date 9-20-78 Well depth 70 ft.	
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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry DEWATERING <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 STEEL Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 12 in. to 70 ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. .188	
				10. Screen: Manufacturer's name JOHNSON Type IRRIGATOR Dia. 12" Slot/gauze .025 Length 40 Set between 30 ft. and 40 ft. 70 ft. and 70 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8 GR	
				11. Static water level: <input type="checkbox"/> mo./day/yr. 16 ft. below land surface Date 9-21-78	
				12. Pumping level below land surfaces: 33 ft. after 12 hrs. pumping 380 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 400 g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>	
		14. Well head completion: <input type="checkbox"/> Pitless adapter 20 inches above grade			
		15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 10 ft. to 16 ft.			
		16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		17. Pump: <input type="checkbox"/> Not installed Manufacturer's name LAYNE BOWLER Model number 20 HP 480 Volts <input type="checkbox"/> Length of drop pipe 60 ft. capacity 400 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: #8 - DEWATERING MISTAKE MADE SHOULD HAVE BEEN 30-70'		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. MOETRENECH AMERICAN 384 Business name DOWNERS GROVE, ILL License No. <input type="checkbox"/> Address <input type="checkbox"/> Signed [Signature] Date 7-10-79 Authorized representative		

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

Form WWC-5