

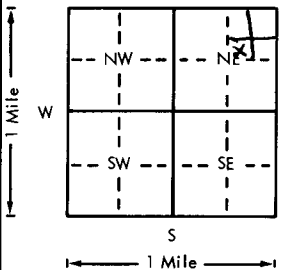
# Also: Plugging Report

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 <b>WYANDOTTE</b>	Fraction <b>SW 1/4 NE 1/4 NE 1/4</b>	Section number <b>23</b>	Township number <b>T10 SOUTH S</b>	Range number <b>R 24 EAST E/W</b>
2. Distance and direction from nearest town or city: <b>3 miles North of Kansas City, KA</b> Street address of well location if in city: <b>ARMAN POWER PLANT</b>			3. Owner of well: <b>SHARP BROS CONTRACTING</b> R.R. or street: <b>104 &amp; 19th ST</b> City, state, zip code: <b>KANSAS CITY, MO 64108</b>		
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	3	
Chay			3	6	
Sandy chay			6	16	
Five Silty Sands			16	40	
Silty Sand			40	46	
med Sand w/ silty Sands			46	69	
Five Sand			69	74	
WELL SCREEN AND CASING REMOVED, SAND BACK FILL PLACED FROM 18' TO BOTTOM CONCRETE PLUG PLACED FROM 18' TO 4' BELOW EXISTING GROUND, SANDS FROM 4' TO GROUND SURFACE 10-23-78					6. Bore hole dia. <b>30</b> in. Completion date _____ Well depth <b>74</b> ft. <b>9-1-78</b>
			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 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 <b>STEEL</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>18</b> in. to <b>34</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>1250</b>		
			10. Screen: Manufacturer's name _____ <b>DREER</b> Type <b>GRAVEL GROUND</b> Dia. <b>18</b> Slot/gauze <b>.060</b> Length <b>40</b> Set between <b>34</b> ft. and <b>74</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8 6R</b>		
11. Static water level: _____ mo./day/yr. <b>15</b> ft. below land surface Date _____					
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: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____					
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> Inches above grade					
15. Well grouted? <b>no</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.					
16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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					
(Use a second sheet if needed)					
18. Elevation:	19. Remarks: <b>PIEZOMETER</b>		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. <b>MORETRENED AMERICAN CORP</b> Business name _____ License No. _____ Address <b>Delaware Grove, Ill</b> Signed <b>[Signature]</b> Date <b>2/21/79</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

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