

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: <u>Wyandotte</u>		County: <u>Wyandotte</u>		Fraction: <u>NW SE NW</u> SE 1/4 SW 1/4 <u>1/4</u>		Section number: <u>35</u>		Township number: <u>10S</u> T 50 N		Range number: <u>25E</u> R 33	
2. Distance and direction from nearest town or city: <u>1 in K.C. Kansas</u>				3. Owner of well: <u>Phillips Petroleum Co.</u> R.R. or street: <u>2029 Fairfax</u> City, state, zip code: <u>K.C. Kansas</u>							
4. Locate with "X" in section below:				Sketch map:				6. Bore hole dia. <u>56</u> in. Completion date <u>7-14-78</u> Well depth <u>96.2</u> ft.			
								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 type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary			
								8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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 type="checkbox"/> Other			
5. Type and color of material				From		To		9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>30</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>136.2</u> lbs./ft. Dia <u>26</u> in. to <u>56</u> ft. depth Wall Thickness: inches or Dia. <u>26</u> in. to <u>56</u> ft. depth gage No. <u>0.500</u>			
Topsoil				0		2'0"		10. Screen: Manufacturer's name <u>Johnson</u> Type <u>Wire Wound</u> Dia. <u>26"</u> Slot/gauze <u>100</u> Length <u>40'0"</u> Set between <u>56</u> ft. and <u>96</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/8"-1/4"</u>			
Brown Sand & Clay				2'0"		8'0"		11. Static water level: <u>18.75</u> ft. below land surface Date <u>8-1-78</u>			
Gray Silty Clay & Sand				8'0"		15'0"		12. Pumping level below land surfaces: <u>25.5</u> ft. after <u>24</u> hrs. pumping <u>2461</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>3500</u> g.p.m.			
Brown Fine to Med. Sand				15'0"		30'0"		13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>			
Gray Fine to Med. Sand				30'0"		40'0"		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>30</u> inches above grade			
Gray Med. to Fine Sand				40'0"		50'0"		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>20</u> ft.			
Gray Med. to Coarse Sand				50'0"		75'0"		16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>East</u> Type <u>River</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Gray Coarse to Med. Sand				75'0"		95'0"		17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Gayne</u> Model number <u>VHS</u> HP <u>100</u> Volts <u>460</u> Length of drop pipe <u>60</u> ft. capacity <u>1500</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			
(Use a second sheet if needed)											
18. Elevation: <u>748</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>Well 1-A</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>Gayne Western Co.</u> <u>149</u> Business name License No. Address <u>1010 W 39th</u> <u>K.C. Mo.</u> Signed <u>WBRumer</u> Date <u>12/29/78</u> Authorized representative									

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

Form WWC-5

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