USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

AAB

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	SHAWNEE		N.W. 1/4 N.E. 1/4 NE	33	11 S.	16 E.

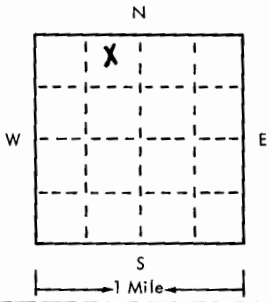
Distance and direction from nearest town or city: IN CITY LIMITS OF TOPEKA

Street address of well location if in city: 2707 SEWARD

3 Owner of well: ARMCO STEEL CORP. 2707 SEWARD

Address: TOPEKA, KANSAS

Locate with "X" in section below:



Sketch map: SEE ATTACHED MAP

4 Well depth: 70-0 ft. Date of completion 3-13-77
Well diameter 20 in.

5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☒ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☒ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐ _____

7 Casing: Material STEEL Height: above/~~below~~
Threaded ☐ Welded ☒ Surface 24 in.
Diam. Weight 28.04 lbs./ft.
10 in. to 62.1 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 WELL No. 1

Type and color of material	From	To
ASPHALT	0'-0"	0'-6"
GRAVEL FILL	0'-6"	2'-0"
BROWN SILTY CLAY	2'-0"	7'-0"
GRAY SILTY CLAY	7'-0"	34'-0"
FINE & MEDIUM SAND & CLAY LAYER	34'-0"	37'-0"
FINE & MEDIUM SAND & GRAVEL	37'-0"	45'-0"
FINE & MEDIUM SAND & COARSE GRAVEL	45'-0"	60'-0"
FINE & MEDIUM SAND & BOULDERS	60'-0"	70'-0"

(use a second sheet if needed)

8 Screen:
Manufacturer DOERR METALS
Type LOUVER Dia. 10"
Slot/gauze #10 Length 10'-0"
Set between 60 ft. and 70 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4 x 1/8

9 Static water level: NOT MEASURED
___ ft. below land surface Date ___

10 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.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☒ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: NONE
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation APPROX. 880

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

17 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.
LAYNE-WESTERN CO. 149
Business name License No.
Address 2010 W. 39TH ST - K.C. MO.
Signed [signature] Date ___
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

11 16E 33 SW NE NW