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

WATER WELL RECORD
KSA 82a-1201-1215

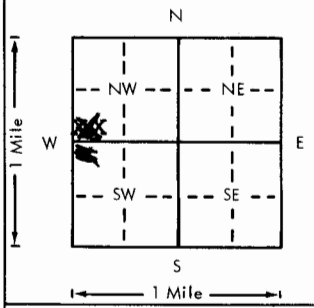
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Leavenworth	SW 1/4 SW 1/4 NW 1/4	15	T 11 S	R 21 E/W

2. Distance and direction from nearest town or city: 1/2 mile south of Tonganoxie, Ks.
Street address of well location if in city:

3. Owner of well: Mr. Paul Goos
R.R. or street: Route 3
City, state, zip code: Tonganoxie, Kansas

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Top Soil	0	2
Sandstone	2	128
Lime	128	130

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 8-17-78
Well depth 130 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: XX Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded ___ Welded X Surface 18 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 5 in. to 131 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .265

10. Screen: Manufacturer's name (Slotted Pipe) Vinyplex, Inc.
Type PVC Dia. 5"
Slot/gauze .06 1/16 Length 40'
Set between 90 ft. and 130 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/4 - 1/8

11. Static water level: mo./day/yr.
85 ft. below land surface Date 8-17-78

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion:
X Pitless adapter 18 Inches above grade

15. Well grouted? Yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 3 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 150 Direction SE Type Septic
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Jacuzzi
Model number 5S4B HP 1/2 Volts 220
Length of drop pipe 120 ft. capacity 10 g.p.m.
Type:
X Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T 11 R 21 E/W Sec 15 1/4 SW 1/4 SW 1/4 NW

18. Elevation:
Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks:

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.
BREUER, INC. 174
Business name License No.
Address Box 147, Basehor, Ks.
Signed [signature] Date 8-18-78
Authorized representative

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

Form WWC-5