

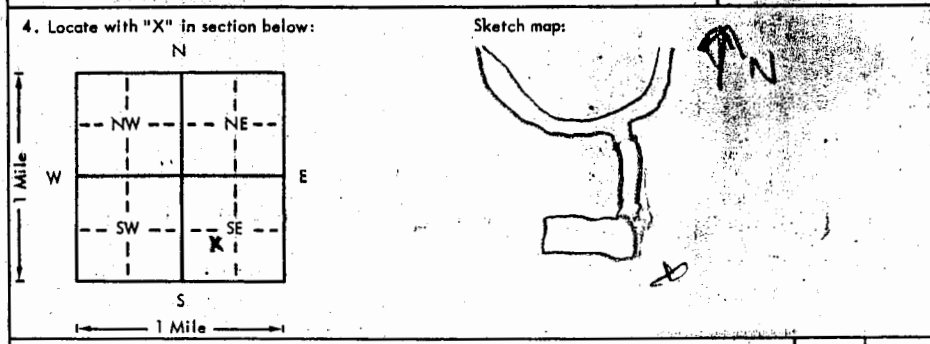
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well: County **Leavenworth** Fraction **SE 1/4 SW 1/4** Section number **19** Township number **11S** Range number **21E, EAV**

2. Distance and direction from nearest town or city: Street address of well location if in city: 3. Owner of well: **Miss Drola** R.R. or street: **Rt. 1 Box 138** City, state, zip code: **Tonganoxie, Kans.**



6. Bore hole dia: **8** in. Completion date: **7-13-76**
Well depth: **325** ft.

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

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

9. Casing: Material **PT** Height: **Above** or below
Threaded Welded Surface **10** in.
RMP PVC Weight **10** lbs./ft.
Dia. **5** in. to **325** depth Wall thickness: inches or
Dia. **5** in. to **325** depth gage No. **250**

5. Type and color of material	From	To
Top Soil - dark	0	1
Clay	1	20
Clay - soft	20	29
Shale - blue	29	35
Shale - red	35	45
Shale - blue	45	195
Lime	195	200
Shale	200	215
Sandy Shale	215	290
Sandstone	290	325

10. Screen: Manufacturer's name **Vinylflex, Inc.**
Type **PIU** Dia. _____
Slot/gauze **06 1/16** length _____
Set between **200** ft. and **315** ft.
ft. and _____ ft.
Gravel pack? Size range of material **1/8 to 1/4**

11. Static water level: _____ mo./day/yr.
200 ft. below land surface Date **7-13-76**

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

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

14. Well head completion:
 Pitless adapter **18** inches above grade

15. Well grouted? Yes No
With: Neat cement Bentonite Concrete
Depth: From **3** ft. to **20** ft.

16. Nearest source of possible contamination:
ft. **100** Direction **NE** Type **Septic**
Well disinfected upon completion? Yes No

17. Pump: _____ Not installed
Manufacturer's name **ISUB Jacuzzi**
Model number **1518** HP **1** Volts **230**
Length of drop pipe **310** ft. capacity **10** g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

18. Elevation: **983** Topography: _____ Hill _____ Slope _____ Upland _____ Valley _____

19. Remarks: **This is the deepest fresh water well in the Tonganoxie area. Total depth is 325 feet. It started making water at 310 feet.**

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. License No. **171**
Business name: **Box 117 Rosehor, Ks. 66007**
Address: _____
Signed: _____ Date **7/13/76**

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

Form WWC-3

BR 1013 or 1004