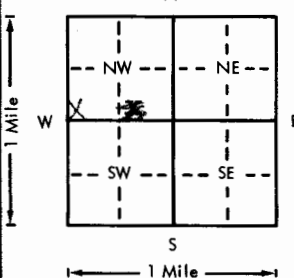


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Leavenworth | Fraction SW 1/4 SE 1/4 NW 1/4 | Section number 5 | Township number T 11 S | Range number R 22E E/W |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: 2 3/4 miles west of Basehor, Kansas | | | 3. Owner of well: Mr. Gary Cartwright R.R. or street: 7901 Longwood City, state, zip code: Kansas City, Kansas | | |
| 4. Locate with "X" in section below: Sketch map:  | | | 6. Bore hole dia. 8 in. Completion date 11-2-75 Well depth 100 ft. | | |
| 5. Type and color of material | | | 7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary | | |
| | | | 8. Use: <input checked="" 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 type="checkbox"/> Other | | |
| | | | 9. Casing: Material PL Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 100 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 258 WT | | |
| | | | 10. Screen: Manufacturer's name Vinylplex, Inc. Type PVC Dia. 5" Slot/gauze 1/16" (10) length Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? Yes Size range of material 1/4 - 1/8 | | |
| | | | 11. Static water level: <input type="checkbox"/> mo./day/yr. 53' ft. below land surface Date 11-2-75 | | |
| | | | 12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 3 g.p.m. | | |
| | | | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date | | |
| | | | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 inches above grade | | |
| | | | 15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 32 ft. to 52 ft. | | |
| | | | 16. Nearest source of possible contamination: ft. 100 Direction West Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | 17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Jacuzzi Model number 554B HP 1/2 Volts 220 Length of drop pipe 65 ft. capacity 10 g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | |
| 18. Elevation: 80-75 | | | 19. Remarks: | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | 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 DRILLING COMPANY 174 Business name License No. Address Box 217 Basehor, Ks. Signed [Signature] Authorized Representative [Signature] | | |

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

BR elev = 862

Form WWC-3