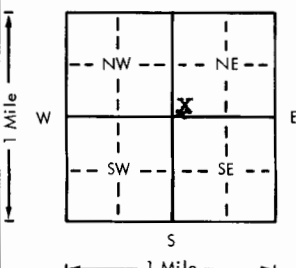


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SW 1/4 NE 1/4	Section number 6	Township number T 11 S R 22 E/W	Range number
2. Distance and direction from nearest town or city 3 1/2 miles west of Basehor, Kansas			3. Owner of well: Mr. David Crookham R.R. or street: 72 S. 24th City, state, zip code: Kansas City, Kansas		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 8 in. Completion date 8-15-78 Well depth 75 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		
From			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 _____ lbs./ft. Dia. 6 in. to 40 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 280		
			10. Screen: Manufacturer's name NONE Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? NONE size range of material _____		
Top Soil			11. Static water level: _____ mo./day/yr. 35 ft. below land surface Date 8-15-78		
Clay			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 25 g.p.m.		
Sandy Shale			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sandstone			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 Inches above grade		
Lime			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 15 ft.		
Sshale			16. Nearest source of possible contamination: ft. 200 Direction NW Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Lime			17. Pump: _____ Not installed Manufacturer's name Jacuzzi Model number 5S4B HP 1/2 Volts 220 Length of drop pipe 40 ft. capacity 10 g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other		
Shale			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. BRAUER, INC. 174 Business name License No. Address Box 147, Basehor, Ks. Signed <i>[Signature]</i> Date 8-17 Authorized representative		
18. Elevation: 840 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks:		

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

Form WWC-5

T 11 220 6 SUSPENSE