

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

Wyandotte

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 <u>Wyandotte</u>		Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>		Section number <u>4</u>		Township number <u>T 11 S</u>		Range number <u>R 23 E</u>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1 1/2 mile east of Victory Junction</u>				3. Owner of well: <u>Raymond C. Viles - Developer</u> R.R. or street: <u>1915 N. 134th</u> City, state, zip code: <u>Kansas City, Kansas</u>					
4. Locate with "X" in section below: Sketch map				6. Bore hole dia. <u>8</u> in. Completion date <u>2-27-76</u> Well depth <u>80</u> ft.					
5. Type and color of material				From		To		7. 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	
Clay				0		8		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	
Sandstone - Red				8		18		9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>13</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>2 1/2</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
Shale				18		22		10. Screen: Manufacturer's name <u>WORLD</u> Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <u>NO</u> Size range of material _____	
Sandstone - Red				22		39		11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>3-3-76</u>	
Sandstone - Gray				39		43		12. 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.	
Lime				43		55		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Shale				55		58		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>14</u> inches above grade	
Lime				58		73		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>20</u> ft.	
Shale				73		78		16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>SW</u> Type <u>SPETU</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lime				78		80		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(Use a second sheet if needed)									
18. Elevation:		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. <u>BREUER, INC.</u> <u>174</u> Business name _____ License No. _____ Address <u>Box 147, Asethor, KS</u> Signed <u>[Signature]</u> Date <u>3/2/76</u> Authorized representative					
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

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

Form WWC-5