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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

DCA

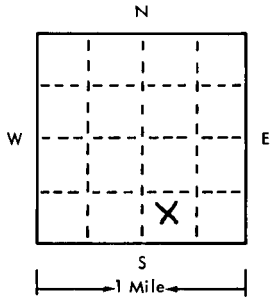
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	WYANDOTTE		S.E. 1/4 S.W. 1/4	30	11 S.	24 E.

Distance and direction from nearest town or city: IN K.C. KS.

Street address of well location if in city: 2140 SOUTH 88 ST.

3 Owner of well: TEXTILANA-HENKEL
Address: 2140 SOUTH 88 STREET KANSAS CITY, KANSAS

Locate with "X" in section below:



Sketch map: SEE ATTACHED MAP

4 Well depth: 65 ft. Date of completion 4-17-77
Well diameter 12 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☒ MONITORING WELL

7 Casing: Material PVC Height: above/~~below~~
Threaded ☐ Welded ☐ Surface 24 in.
Diam. 6 in. to 65 ft. depth Weight ~~Sch 40~~ lbs./ft. ___
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

2 No. 2-77

Type and color of material	From	To
TOPSOIL	0	1.0'
BROWN SILTY CLAY	1.0'	19.0'
BROWN MEDIUM TO FINE SAND	19.0'	25.0'
BROWN COARSE TO MEDIUM SAND	25.0'	27.0'
GRAY SANDY CLAY	27.0'	30.0'
GRAY COARSE TO MEDIUM SAND, TR. GRAVEL	30.0'	45.0'
GRAY MEDIUM TO COARSE SAND, TR. GRAVEL	45.0'	53.0'
(use a second sheet if needed)		

8 Screen:
~~Manufacturer~~ SLOTTED PVC
Type SLOTTED Dia. 6"
Slot/gauze ___ Length 50'
Set between 15 ft. and 65 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8x1/4

9 Static water level:
___ ft. below land surface Date ___

10 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.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: NONE
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☐ Yes ☒ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation APPROX. 770

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

17 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.
LAYNE-WESTERN CO. 149
Business name License No.
Address 1010 W. 39TH - K.C. MO.
Signed Daniel B. Higgins Date 6-13-77
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

BR < 717

11 24 E 30 CSW SE

677-H