

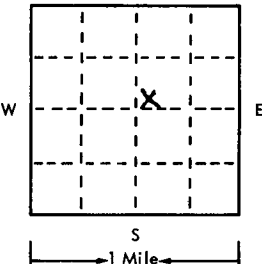
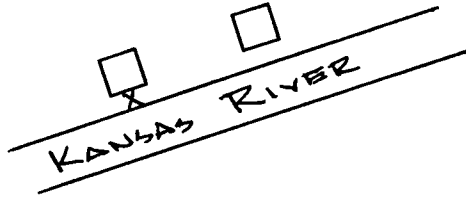
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

SW

1 Location of well:	County WYANDOTTE	Township name DELEWARE	Fraction SW NE	Section number 22	Town number 11 S	Range number 25 E	
Distance and direction from nearest town or city: K, L, KANSAS #3 SYSTEM I PACKARD & LUCILLE			3 Owner of well: CORPS OF ENGINEERS Address: K. L., MO.				
Locate with "X" in section below: 			Sketch map: MIDWEST COLD STORAGE 			4 Well depth: 98 ft. Date of completion 8/6/75 Well diameter 30 in.	
2 Type and color of material			From		To		
			SILTY CLAY WITH CINDERS, BRICKS		0	18	
			SILTY CLAY BROWN		18	36	
			FINE SAND BROWN		36	46	
COARSE SAND BROWN			46	98	5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
					6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> RELIEF		
					7 Casing: Material FWLL Height: above /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12' Diam. 12 in. to 96 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
					8 Screen: Manufacturer FIBERGLASS RESOURCE Type SLOTTED Dia. _____ Slot/gauze 1/16" Length 32 Set between 96 ft. and 43 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material -1/2		
					9 Static water level: 36 ft. below land surface Date 7/11/75		
					10 Pumping level below land surfaces: 42 ft. after 4 hrs. pumping 840 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 900 g.p.m.		
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
					12 Well head completion: NONE <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> CONCRETE Depth: From 40 ft. to 16 ft.		
					14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
					15 Pump: NONE <input 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		
16 Remarks: elevation 763.5 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> 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 St MO Signed N. Anderson Date 8/17/75 Authorized representative				

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

Form WWC-5