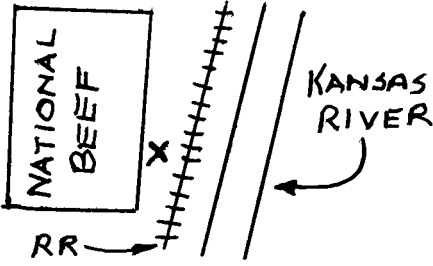


USE TYPEWRITER OR BALL  
POINT PEN—PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82g-1201-1215

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

1 Location of well:	County <b>WYANDOTTE</b>	Township name <b>DELEWARE</b>	Fraction <b>NW SW/SE</b>	Section number <b>10</b>	Town number <b>115</b>	Range number <b>25E</b>
Distance and direction from nearest town or city: <b>KANSAS CITY, KANSAS</b>				3 Owner of well: <b>CORP OF ENGINEERS</b>		
Street address of well location if in city: <b>WELL NO. 4 SYSTEM III 3RD &amp; CENTRAL</b>				Address: <b>KANSAS CITY, MISSOURI</b>		
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: <b>70</b> ft. Date of completion <b>3-17-</b> Well diameter <b>12</b> in.		
				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"/> <b>RELIEF</b>		
				7 Casing: Material <b>PGLS</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ <b>12</b> in. to <b>77</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer <b>FIBERGLASS RESOURCE</b> Type <b>SLOTTED</b> Dia. <b>12"</b> Slot/gauze <b>1/16</b> Length <b>36'</b> Set between <b>77</b> ft. and <b>20</b> ft. _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2</b>		
2 Type and color of material From To <b>SILT WITH CINDERS 0 20</b> <b>MEDIUM SAND (BROWN) 20 30</b> <b>MEDIUM SAND (GRAY) 30 40</b> <b>SILTY CLAY (GRAY) 40 45</b> <b>FINE TO MEDIUM SAND (GRAY) 45 65</b> <b>MEDIUM COARSE SAND (GRAY) 65 76</b> <b>LIMESTONE 76 78</b>		9 Static water level: <b>26</b> ft. below land surface Date <b>9-3-75</b>				
		10 Pumping level below land surfaces: <b>32</b> ft. after <b>4</b> hrs. pumping <b>70</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>60</b> g.p.m.				
		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____				
		12 Well head completion: <b>NO</b> <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"/> <b>CONCRETE</b> Depth: From <b>15</b> ft. to <b>9</b> 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: <b>NONE</b> <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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 <b>754</b>				
		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. <b>LAYNE - WESTERN CORP. 149</b> Business name License No. _____ Address <b>1010 W. 39TH</b> Signed <b>[Signature]</b> Date <b>6/17/76</b> Authorized representative				