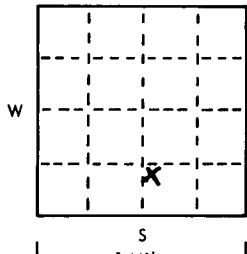
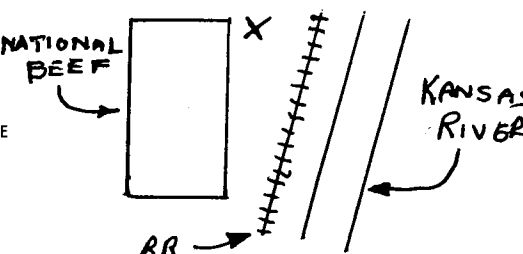


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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

1 Location of well:	County <b>WYANDOTE</b>	Township name <b>DELEWARE</b>	Fraction <b>NW</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. 7 SYSTEM III 3RD &amp; CENTRAL</b>			Address: <b>KANSAS CITY, MISSOURI</b>																																																																																																							
Locate with "X" in section below: 			Sketch map: 			4 Well depth: <b>103</b> ft. Date of completion <b>4-11-75</b> Well diameter <b>30</b> in.																																																																																																				
<table border="1"><thead><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td><b>SILT-CINDERS - BRICK &amp; WOOD</b></td><td><b>0</b></td><td><b>16</b></td></tr><tr><td></td><td><b>SILT (GRAY)</b></td><td><b>16</b></td><td><b>25</b></td></tr><tr><td></td><td><b>MEDIUM TO FINE SAND (BROWN)</b></td><td><b>25</b></td><td><b>41</b></td></tr><tr><td></td><td><b>SILTY CLAY (GRAY)</b></td><td><b>41</b></td><td><b>58</b></td></tr><tr><td></td><td><b>MEDIUM TO COARSE SAND (GREEN-GRAY)</b></td><td><b>58</b></td><td><b>73</b></td></tr><tr><td></td><td><b>CLAY (BROWN)</b></td><td><b>73</b></td><td><b>78</b></td></tr><tr><td></td><td><b>COARSE SAND (GRAY GREEN)</b></td><td><b>78</b></td><td><b>103</b></td></tr><tr><td colspan="4"></td><td colspan="2">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</td></tr><tr><td colspan="4"></td><td colspan="2">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></td></tr><tr><td colspan="4"></td><td colspan="2">7 Casing: Material <b>BLL</b> Height: <b>none</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>12</b> in. to <b>12</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr><tr><td colspan="4"></td><td colspan="2">8 Screen: Manufacturer <b>FIBERGLASS RESOURCES</b> Type <b>SLOTTED</b> Dia. <b>12</b> Slot/gauze <b>1/16</b> Length <b>34'</b> Set between <b>96</b> ft. and <b>30</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4</b></td></tr><tr><td colspan="4"></td><td colspan="2">9 Static water level: <b>28</b> ft. below land surface Date <b>9-8-75</b></td></tr><tr><td colspan="4"></td><td colspan="2">10 Pumping level below land surfaces: <b>36</b> ft. after <b>4</b> hrs. pumping <b>170</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>125</b> g.p.m.</td></tr><tr><td colspan="4"></td><td colspan="2">11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____</td></tr><tr><td colspan="4"></td><td colspan="2">12 Well head completion: <b>NO</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade</td></tr><tr><td colspan="4"></td><td colspan="2">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>26</b> ft. to <b>10</b> ft.</td></tr><tr><td colspan="4"></td><td colspan="2">14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr><tr><td colspan="4"></td><td colspan="2">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</td></tr><tr><td colspan="4">16 Remarks: elevation <b>755</b>  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley</td><td colspan="2">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 CO. INC 149</b> Business name License No. ____ Address <b>1010 W. 39TH</b> Signed <b>[Signature]</b> Date <b>4/11/75</b> Authorized representative</td></tr></tbody></table>			2	Type and color of material	From	To		<b>SILT-CINDERS - BRICK &amp; WOOD</b>	<b>0</b>	<b>16</b>		<b>SILT (GRAY)</b>	<b>16</b>	<b>25</b>		<b>MEDIUM TO FINE SAND (BROWN)</b>	<b>25</b>	<b>41</b>		<b>SILTY CLAY (GRAY)</b>	<b>41</b>	<b>58</b>		<b>MEDIUM TO COARSE SAND (GREEN-GRAY)</b>	<b>58</b>	<b>73</b>		<b>CLAY (BROWN)</b>	<b>73</b>	<b>78</b>		<b>COARSE SAND (GRAY GREEN)</b>	<b>78</b>	<b>103</b>					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>BLL</b> Height: <b>none</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>12</b> in. to <b>12</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						8 Screen: Manufacturer <b>FIBERGLASS RESOURCES</b> Type <b>SLOTTED</b> Dia. <b>12</b> Slot/gauze <b>1/16</b> Length <b>34'</b> Set between <b>96</b> ft. and <b>30</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4</b>						9 Static water level: <b>28</b> ft. below land surface Date <b>9-8-75</b>						10 Pumping level below land surfaces: <b>36</b> ft. after <b>4</b> hrs. pumping <b>170</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>125</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>26</b> ft. to <b>10</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>755</b>  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. <b>LAYNE - WESTERN CO. INC 149</b> Business name License No. ____ Address <b>1010 W. 39TH</b> Signed <b>[Signature]</b> Date <b>4/11/75</b> Authorized representative	
			2	Type and color of material	From	To																																																																																																				
				<b>SILT-CINDERS - BRICK &amp; WOOD</b>	<b>0</b>	<b>16</b>																																																																																																				
				<b>SILT (GRAY)</b>	<b>16</b>	<b>25</b>																																																																																																				
				<b>MEDIUM TO FINE SAND (BROWN)</b>	<b>25</b>	<b>41</b>																																																																																																				
	<b>SILTY CLAY (GRAY)</b>	<b>41</b>	<b>58</b>																																																																																																							
	<b>MEDIUM TO COARSE SAND (GREEN-GRAY)</b>	<b>58</b>	<b>73</b>																																																																																																							
	<b>CLAY (BROWN)</b>	<b>73</b>	<b>78</b>																																																																																																							
	<b>COARSE SAND (GRAY GREEN)</b>	<b>78</b>	<b>103</b>																																																																																																							
				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>BLL</b> Height: <b>none</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>12</b> in. to <b>12</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																						
				8 Screen: Manufacturer <b>FIBERGLASS RESOURCES</b> Type <b>SLOTTED</b> Dia. <b>12</b> Slot/gauze <b>1/16</b> Length <b>34'</b> Set between <b>96</b> ft. and <b>30</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4</b>																																																																																																						
				9 Static water level: <b>28</b> ft. below land surface Date <b>9-8-75</b>																																																																																																						
				10 Pumping level below land surfaces: <b>36</b> ft. after <b>4</b> hrs. pumping <b>170</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>125</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>26</b> ft. to <b>10</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>755</b>  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. <b>LAYNE - WESTERN CO. INC 149</b> Business name License No. ____ Address <b>1010 W. 39TH</b> Signed <b>[Signature]</b> Date <b>4/11/75</b> Authorized representative																																																																																																						

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

Form WWC-5