

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

WATER WELL RECORD
KSA 82a-1201-1215

not entered

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 2

1 Location of well:	County WYANDOTTE	Township name DELEWARE	Fraction S.W. S.W.	Section number 14	Town number 115	Range number 25E,	
Distance and direction from nearest town or city: K.C. KANSAS ZI SYSTEM I 1ST & KANSAS AVE.			3 Owner of well: CORP OF ENG. Address: K-C., MO.				
Locate with "X" in section below: N W E S 1 Mile			Sketch map: G, & K. WAREHOUSE X H H H R.R. KANSAS RIVER			4 Well depth: 101 ft. Date of completion 11/6/74 Well diameter 30 in.	
2 Type and color of material			From	To	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		
			SILTY CLAY CINDERS WOOD		0	32	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
			FINE SAND GRAY		32	73	7 Casing: Material FBGLS Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 10' Diam. _____ Weight _____ lbs./ft. _____ 17 in. to 100 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
			COARSE SAND GRAY		73	101	8 Screen: Manufacturer FIBERGLASS RESOURCES Type SLOTTED Dia. 12" Slot/gauze 1/16" Length 45' Set between 99 ft. and 32 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material -1/2
							9 Static water level: 28 ft. below land surface Date 8/15/75
							10 Pumping level below land surfaces: 32 ft. after 4 hrs. pumping 920 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1000 g.p.m.
							11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
							12 Well head completion: NO <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 28 ft. to 10 ft.
							14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input 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.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 75.6 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 149 Business name _____ License No. _____ Address 1010 439TH K-C., MO Signed [Signature] Date 11/17/74 Authorized representative				

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

Form WWC-5