

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

entered

SW

2

1 Location of well:	County WYANDOTTE	Township name DELEWARE	Fraction SW	Section number 14	Town number 115	Range number 25 E
Distance and direction from nearest town or city: K.C., KANSAS Street address of well location if in city: #19 SYSTEM I 1ST ST KANSAS				3 Owner of well: CORP OF ENGINEERS Address: KANSAS CITY, MO.		
Locate with "X" in section below: 				4 Well depth: 103 ft. Date of completion 5/9/75 Well diameter 30 in.		
2 Type and color of material				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 FRP Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 10 in. Diam. 12 in. to 109 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Manufacturer FIBERGLASS RESOURCES Type SLOTTED Dia. 12 " Slot/gauze 1/16 " Length 36 Set between 100 ft. and 25 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material -1/2		
				9 Static water level: 27 ft. below land surface Date 8/28/75		
(use a second sheet if needed)				10 Pumping level below land surfaces: 31 ft. after 4 hrs. pumping 880 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 30 ft. to 10 ft.		
				14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16 Remarks: elevation 755 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				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		
				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. LATNE-WESTERN 149 Business name License No. Address 1010 W 39TH KCMO Signed C. Alexander Date 6/1/76 Authorized representative		

11 25E 14 SW SW SW