

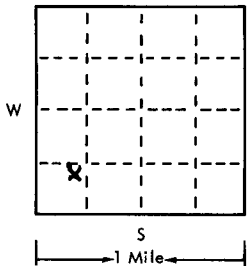
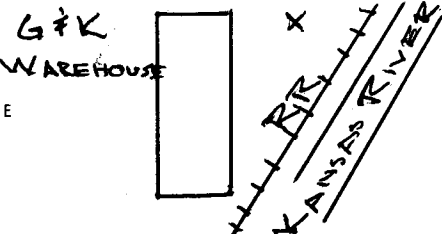
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County WYANDOTTE	Township name DELEWARE	Fraction NE SW SW	Section number 14	Town number 115	Range number 25 E	
Distance and direction from nearest town or city: K.C., KANSAS #24 SYSTEM I 1ST KANSAS AVE				3 Owner of well: CORP OF ENGINEER Address: KANSAS CITY, MISSOURI			
Locate with "X" in section below: N 		Sketch map: 		4 Well depth: 103 ft. Date of completion 11/21/74 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	
						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 PEELS Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 101 in. Diam. _____ Weight _____ lbs./ft. _____ 12 in. to 98 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
						8 Screen: Manufacturer FIBERGLASS REINFORCED Type SLOTTED Dia. 12" Slot/gauze 1/16" Length 34 Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2	
						9 Static water level: 29 ft. below land surface Date 8/22/75	
(use a second sheet if needed)						10 Pumping level below land surfaces: 33 ft. after 4 hrs. pumping 940 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: 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 9 ft. to 26 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. LAYNE-WESTERN 149 Business name License No. Address 1010 W. 39th K.C. Mo Signed C. Allen Date 6/1/74 Authorized representative	