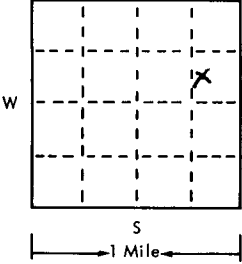
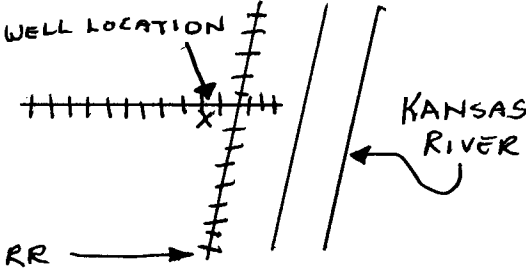


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 WYANDOTTE	Township name DELEWARE	Fraction W/2 SE/NE	Section number 15	Town number 115	Range number 25E	
Distance and direction from nearest town or city: KANSAS CITY, KANSAS			3 Owner of well: CORP OF ENGINEERS				
Street address of well location if in city: WELL NO. 7 SYSTEM II 3RD + BUNKER			Address: KANSAS CITY, MISSOURI				
Locate with "X" in section below: 			Sketch map: 			4 Well depth: 71.5 ft. Date of completion 4-29-75 Well diameter 30 in.	
2 Type and color of material			From		To		
			SILT WITH CINDERS AND BRICKS		0	9	
			MANURE		9	14	
			SILT (BROWN)		14	18	
			CLAY (GRAY)		18	29	
FINE SAND (GRAY)			29	44	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		
SANDY CLAY (GRAY)			44	53	7 Casing: Material FBGLS Height: above /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. Diam. 12 in. to 74.7 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
MEDIUM TO COARSE SAND (GRAY)			53	71.5	8 Screen: Manufacturer FIBERGLASS RESOURCES Type SLOTTED Dia. 12 Slot/gauze 1/16 Length 22 Set between 62 ft. and 33 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2		
(use a second sheet if needed)					9 Static water level: 27.5 ft. below land surface Date 8-22-75		
16 Remarks: elevation 750					10 Pumping level below land surfaces: 33.5 ft. after 4 hrs. pumping 350 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 300 g.p.m.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					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 6 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: 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 CO. INC. 149 Business name _____ License No. _____ Address 1010 W. 39TH ST. Signed _____ Date _____ Authorized representative		

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

Form WWC-5