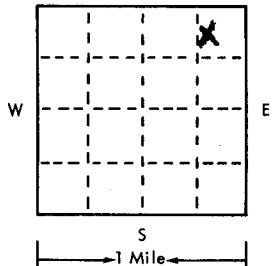
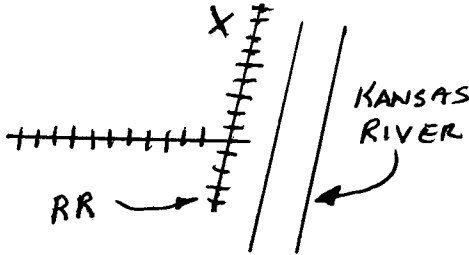


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 WYANDOTE	Township name DELEWARE	Fraction W/2 NE/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. 14 SYSTEM II 3RD & BUNKER			Address: KANSAS CITY, MISSOURI				
Locate with "X" in section below: N 		Sketch map: 		4 Well depth: 69 ft. Date of completion 5-23-75 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 FBGLS Height: above /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. 12 in. to 64 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
						8 Screen: Manufacturer FIBERGLASS RESOURCES Type SLOTTED Dia. 12 Slot/gauze 1/16 Length 17 Set between 60 ft. and 10 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2	
						9 Static water level: 21 ft. below land surface Date 9-3-75	
(use a second sheet if needed)						10 Pumping level below land surfaces: 27 ft. after 4 hrs. pumping 150 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 100 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 type="checkbox"/> CONCRETE Depth: From 8 ft. to 1 ft.	
						14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16 Remarks: elevation 747 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 CO INC 149 Business name 1010 W 39th License No. _____ Address _____ Signed _____ Date 4/1/76 Authorized representative	

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

Form WWC-5