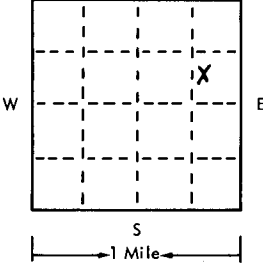
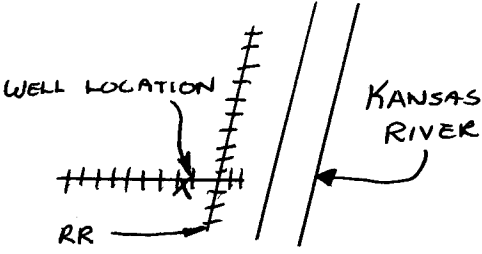


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 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. 8 SYSTEM II 3RD & BUNKER			Address: KANSAS CITY, MISSOURI					
Locate with "X" in section below: N  W S 1 Mile			Sketch map:  WELL LOCATION KANSAS RIVER RR			4 Well depth: 77 ft. Date of completion 5-2-75 Well diameter 30 in.		
2 Type and color of material			From			To		
			SILT WITH CINDERS AND BRICKS			0 18		
			CONCRETE			18 21		
			CLAY (GRAY)			21 34		
			MEDIUM TO COARSE SAND (GRAY)			34 47		
CLAY (GRAY)			47 53					
COARSE SAND (GRAY)			53 79					
						8 Screen: Manufacturer FIBERGLASS RESOURCES Type SLOTTED Dia. 12 Slot/gauze 1/16 Length 25 Set between 77 ft. and 29 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 9-16-75		
						10 Pumping level below land surfaces: 35 ft. after 4 hrs. pumping 275 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 200 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 35 ft. to 44 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.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 756 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 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