

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 <b>WYANDOTTE</b>	Township name <b>DELEWARE</b>	Fraction <b>SW SE NE NE SE</b>	Section number <b>15</b>	Town number <b>115</b>	Range number <b>25E</b>
Distance and direction from nearest town or city: <b>KANSAS CITY, KANSAS</b>				3 Owner of well: <b>CORP OF ENGINEERS</b>		
Street address of well location if in city: <b>WELL NO. 5 SYSTEM II 3RD &amp; BUNKER</b>				Address: <b>KANSAS CITY, MISSOURI</b>		
Locate with "X" in section below: N W E S 1 Mile		Sketch map: RR TRACKS? KANSAS RIVER		4 Well depth: <b>77</b> ft. Date of completion <b>4-16-75</b> Well diameter <b>30</b> 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
		<b>SILT - CINDER - BRICK</b>		<b>0 5</b>		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"/> <b>RELIEF</b>
		<b>MANURE</b>		<b>5 15</b>		7 Casing: Material <b>FRGLS</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. Diam. <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. <b>12</b> in. to <b>75</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth
		<b>SILT (GRAY)</b>		<b>15 21</b>		8 Screen: Manufacturer <b>FIBERGLASS RESOURCES</b> Type <b>SLOTTED</b> Dia. <b>12</b> Slot/gauze <b>1/16</b> Length <b>29</b> Set between <b>75</b> ft. and <b>35</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2</b>
		<b>MEDIUM TO COARSE SAND (GRAY)</b>		<b>21 46</b>		9 Static water level: <b>22</b> ft. below land surface Date <b>8-20-75</b>
		<b>CLAY (GRAY)</b>		<b>46 48</b>		10 Pumping level below land surfaces: <b>28</b> ft. after <b>4</b> hrs. pumping <b>480</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>400</b> g.p.m.
		<b>SANDY CLAY (GRAY)</b>		<b>48 56</b>		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
		<b>COARSE SAND (GRAY)</b>		<b>56 77</b>		12 Well head completion: <b>No</b> <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"/> <b>CONCRETE</b> Depth: From <b>27</b> ft. to <b>6</b> 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: <b>NONE</b> <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		
(use a second sheet if needed)						
16 Remarks: elevation <b>750</b>  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. <b>LAYNE-WESTERN CO. INC 149</b> Business name License No. Address <b>1910 W 39th ST.</b> Signed <b>Callender</b> Date <b>6/1/76</b> Authorized representative		

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

Form WWC-5