

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

WATER WELL RECORD
KSA 82a-1201-1215

SW SE NE

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 SW 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. 6 SYSTEM II 3RD & BUNKER			Address: KANSAS CITY, MISSOURI			
Locate with "X" in section below: N W E S 1 Mile		Sketch map: RR? X KANSAS RIVER		4 Well depth: 83 ft. Date of completion 4/24/75 Well diameter 30 in.		
2 Type and color of material From To SILT - CINDERS - BRICK 0 4 MANURE 4 17 SILT (BROWN) 17 26 FINE SAND WITH SILT (BROWN) 26 32 FINE SAND (GRAY) 32 36 CLAY (GRAY) 36 42 MEDIUM SAND WITH CLAY (GRAY) 42 54 COARSE SAND (GRAY) 54 75 SHALE 75 83 (use a second sheet if needed)		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 type="checkbox"/> RELIEF				
		7 Casing: Material FRPS Height: above /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. Diam. <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. 12 in. to 80 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth				
		8 Screen: Manufacturer FIMERGLASS RESOURCES Type SLOTTED Dia. 12 Slot/gauze 1/16 Length 27 Set between 77 ft. and 32 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2				
		9 Static water level: 23 ft. below land surface Date 8/21/75				
		10 Pumping level below land surfaces: 29 ft. after 4 hrs. pumping 400 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 350 g.p.m.				
		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>				
		12 Well head completion: <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 27 ft. to 10 ft.				
		14 Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
15 Pump: NONE <input type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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 750 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 1910 W. 39th ST. Signed [Signature] Date 6/1/75 Authorized representative			

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

Form WWC-5