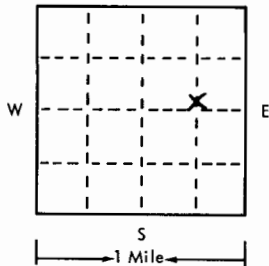
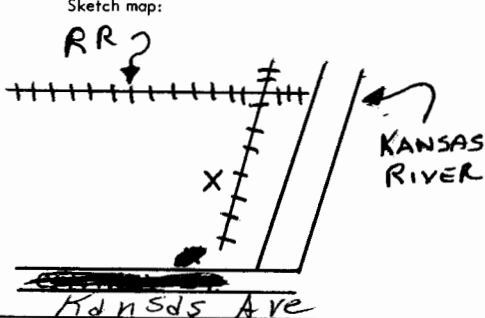


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SW 1/4 NE 1/4	Section number 15	Town number 113	Range number 25 E	
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. 3 SYSTEM II 1ST & WYANDOTTE / KANSAS				Address: KANSAS CITY, MISSOURI			
Locate with "X" in section below: N 		Sketch map: 		4 Well depth: 83 ft. Date of completion 11-21-74 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 12 in. Diam. 12 in. to 79 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 12 in. to 79 ft. depth	
						8 Screen: Manufacturer FIBERGLASS RESOURCES Type SLOTTED Dia. 12 Slot/gauze 1/16 Length 12 Set between 79 ft. and 83 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2	
						9 Static water level: 24 ft. below land surface Date 8-18-75	
(use a second sheet if needed)						10 Pumping level below land surfaces: 30 ft. after 4 hrs. pumping 700 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 700 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 checked="" type="checkbox"/> CONCRETE Depth: From 26 ft. to 5 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 749 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.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	
						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 C. Allen Lay Date 6/1/74 Authorized representative	

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

Form WWC-5