

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 NE/NE</b>	Section number <b>15</b>	Town number <b>115</b>	Range number <b>25 E</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. 12 SYSTEM II 3RD + BUNKER</b>			Address: <b>KANSAS CITY, MISSOURI</b>					
Locate with "X" in section below: N W E S 1 Mile			Sketch map: RR → KANSAS RIVER			4 Well depth: <b>64</b> ft. Date of completion <b>6-3-75</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 CINDERS AND BRICK</b>		<b>0</b>	<b>6</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>CLAY (GRAY)</b>		<b>6</b>	<b>19</b>	7 Casing: Material <b>PPALS</b> 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. <b>12</b> in. to <b>63</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to in. ft. depth	
			<b>FINE TO MEDIUM SAND (GRAY)</b>		<b>19</b>	<b>40</b>	8 Screen: Manufacturer <b>FIBERGLASS RESOURCES</b> Type <b>SLOTTED</b> Dia. <b>12</b> Slot/gauze <b>1/16</b> Length <b>17</b> Set between <b>63</b> ft. and <b>25</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2</b>	
			<b>CLAY (GRAY)</b>		<b>40</b>	<b>44</b>	9 Static water level: <b>23</b> ft. below land surface Date <b>8-29-75</b>	
(use a second sheet if needed)					10 Pumping level below land surfaces: <b>29</b> ft. after <b>4</b> hrs. pumping <b>300</b> g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <b>300</b> g.p.m.			
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date			
					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 checked="" type="checkbox"/> <b>CONCRETE</b> Depth: From <b>12</b> ft. to <b>5</b> ft.			
					14 Nearest source of possible contamination: ft. Direction Type Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16 Remarks: elevation <b>941</b>  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					15 Pump: <b>NONE</b> <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. <b>LAYNE &amp; WESTERN CO 149</b> Business name License No. Address <b>1010 W. 39th</b> Signed Date Authorized representative			

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

Form WWC-5