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

WATER WELL RECORD KSA 82a-1201-1215

40	J. State									
	Ţ	L	Ĺ	I	Ι	I				
	T		R	E۷	٧	sec	1/4	1/4	1/4	No.

Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansos 66620

	County	Township name	Fraction NW	Section	on number		Town number	Range number			
1 Location of well:	WYAN DOTE	DELEWARE	VISE/NE		15		115 OF ENGINE	25 E			
Distance and directi	ion from nearest town or cit	y: KANSAS CITY,									
Street address of well location if in city: WELL NO. 10 SYSTEM Address: KANSAS CITY, MISSOURI											
Locate with "X" in section below:  N  Sketch map:						4 Well depth: <u>68</u> ft. Date of completion <u>5-2F</u> 73 Well diameter <u>30</u> in.					
	1 1 1		#   1				Cable tool Rotary	Driven Dug			
	<b>x</b>			N SA	_		Hollow rod Jetted				
w   € × #					-	6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well M. RELIEF					
	1 1 1	<del>                                     </del>	<del>  <u> </u></del>			7 Cas	ing: Material FB615 H				
s RR							Threaded				
	——1 Mile————					1:	Lin. to 67 ft. depth D	rive shoe? Yes No			
2	Тур	e and color of material		From	То	8 Scr	in. to ft. depth				
SILT	CINDERS	BRICK	5	0	11	Ma	nufacturer <u>FIBER6LA</u>	in 12			
	SILTY CLA			h	16	Slo	t/gauze	ngth			
	,.,,	<u> </u>	23	Fit	tings:						
,	SANDY CI		7	<u>16</u>			ovel pack XYes No S tic water level;	ize range of material ZZ			
	MEDIUM	SAND ~		<u>23</u>	28		ft. below land surface				
	CLAY			28	30	29	nping level below land surface.	pumping			
MEDI	MEDIUM TO COARSE SAND ]						ft. after hrs. mated maximum yield	pumping g.p.m.			
		57	56	11 Wa	ter sample submitted:						
BOUL	DERS WI	TH FINE.	SAND	56	67		Yes No Date II head completion: NC				
	SHAL	E		67	68	_		Inches above grade			
							Neat cement Bentonity th: From 60 ft. to	CONCRETE			
					-		arest source of possible con				
						We	Direction Direction Upon complet	ion? Yes No			
							np: NONE [	Not installed			
						Мо	del number Hi				
<u> </u>						Тур	_	_ ` ` ` ` `			
						_		Turbine Reciprocating			
		a second sheet if needed)					Certrifugal	Other (			
16 Remarks: elevati	ion / <b>7</b> 0					This	er well contractor's certifi well was drilled under my	jurisdiction and this			
Тородгар ну:							ort is true to the best of my AYNE - WESTERN				
□нш							AYNE WESTERN ness name dress 1010 W. 3	License No.			
☐ Slope☐ Upland						Sign	10 11162	Date 2/1/70			
🔀 Valley						L.		tative			

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

BR = 688

¥= 721

Form WWC-5