

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

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <b>WYANDOTTE</b>	Fraction <b>NE 1/4 SW 1/4 SE 1/4</b>	Section number <b>17</b>	Township number <b>T 11 S</b>	Range number <b>R 25 E</b>	E/W <b>E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>K.C.K. 18th &amp; KANSAS AVE</b>				3. Owner of well: <b>PROCTER &amp; GAMBLE MFG. CO.</b> R.R. or street: <b>18th &amp; KANSAS AVE.</b> City, state, zip code: <b>KANSAS CITY, KS.</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>12</u> in. Completion date <u>2-1-77</u> Well depth <u>60</u> ft.		
					7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
TOPSOIL		0'0"	0'8"	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12"</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>5.4</u> lbs./ft. Dia. <u>1 1/2</u> in. <u>35</u> ft. depth Wall Thickness: inches or Dia. <u>1 1/2</u> in. to <u>1 1/2</u> ft. depth gage No. <u>432</u>			
BROWN SILTY CLAY WITH CINDERS		0'4"	1'0"	10. Screen: Manufacturer's name _____ Type <u>SLOTTED PVC</u> Dia. <u>6"</u> Slot/gauze _____ Length <u>24'0"</u> Set between <u>35</u> ft. and <u>59</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>#3 &amp; #4</u>			
BROWN VERY SILTY CLAY		1'0"	10'0"	11. Static water level: _____ mo./day/yr. <u>37.5</u> ft. below land surface Date <u>2-1-77</u>			
BROWN CLAYEY SILT		10'0"	14'0"	12. Pumping level below land surfaces: <u>N.A.</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
BROWN MED. TO FINE SAND W/ SOME COARSE SAND		14'0"	18'0"	13. Water sample submitted: _____ ma./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
BROWN CLAYEY SILT		18'0"	40'0"	14. Well head completion: <u>N.A.</u> _____ Pitless adapter _____ inches above grade			
BROWN WOOD		40'0"	41'0"	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.			
BROWN MED. TO COARSE SAND WITH FINE SAND		41'0"	50'0"	16. Nearest source of possible contamination: ft. <u>170'</u> Direction <u>S.W.</u> Type <u>CHEMICAL</u> Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
GRAY CLAYEY SILT		50'0"	54'0"	17. Pump: <u>NOT PUMPED</u> <input checked="" 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			
GRAY MED TO COARSE SAND WITH FINE SAND		54'0"	60'0"	18. 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. <u>LAYNE WESTERN</u> <u>102</u> Business name License No. Address <u>1010 W. 39th K.C. Mo.</u> Signed <u>W.B. Russell</u> <u>3-21-79</u> Date Authorized representative			
TOTAL DEPTH		60'0"		19. Remarks: <b>WELL No. 2-77 USED AS A WATER TABLE MONITORING WELL</b>			
18. Elevation: <u>764</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		(Use a second sheet if needed)					

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5