

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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>SE 1/4 NE 1/4 NE 1/4</b>	Section number <b>19</b>	Township number <b>T 11 S R 25 E/W</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>3601 KANSAS AVE.</b>				3. Owner of well: <b>FAIRBANKS MORSE PUMP DIV.</b> R.R. or street: <b>3601 KANSAS AVE.</b> City, state, zip code: <b>KANSAS CITY, KANSAS 66110</b>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: <b>Ks Ave</b> <b>Main Bldg</b> <b>Foundry</b> <b>Well #1</b>				6. Bore hole dia. <b>18</b> in. Completion date <b>10/14/76</b> Well depth <b>70</b> ft.		
5. Type and color of material				7. <input 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		
WELL #1 FOUNDRY				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		
FILL				9. Casing: Material <b>STEEL</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>8</b> in. to <b>60</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>322</b>		
CLAY				10. Screen: Manufacturer's name <b>JOHNSON</b> Type <b>STAINLESS</b> Dia. <b>8</b> Slot/gauze <b>.050</b> Length <b>10'</b> Set between <b>60</b> ft. and <b>70</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <b>YES</b> Size range of material <b>1/4x1/8</b>		
YELLOW SAND				11. Static water level: <b>36.4</b> ft. below land surface Date <b>10/14/76</b>		
GREY SAND				12. Pumping level below land surfaces: <b>47.8</b> ft. after <b>2</b> hrs. pumping <b>240</b> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>450</b> g.p.m.		
SAND & GRAVEL				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
COARSE GRAVEL				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> Inches above grade		
LIMESTONE				15. Well grouted? <b>YES</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>15</b> ft.		
(Use a second sheet if needed)				16. Nearest source of possible contamination: ft. Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: Not installed Manufacturer's name <b>FAIRBANKS MORSE</b> Model number <b>6M</b> HP <b>10</b> Volts <b>460</b> Length of drop pipe <b>50</b> ft. capacity <b>250</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation: <b>758</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks:		20. 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>GULLUM &amp; BROWN INC. 121</b> Business name License No. Address <b>N.K.C. MO. 64116</b> Signed <b>[Signature]</b> Date <b>9/2/77</b> Authorized representative		

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

Form WWC-5