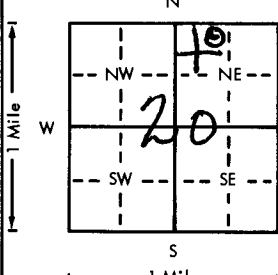


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 WYANDOTTE	Fraction NE 1/4 NW 1/4 NE 1/4	Section number 20	Township number T 11 - S	Range number R 25 E E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: PROCTER & GAMBLE MFG. CO. R.R. or street: 18TH & KANSAS; K.C. KANSAS City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. 16" in. Completion date _____ Well depth 87 ft. _____		
5. Type and color of material			7. Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary _____		
NOTE: WELL ABANDONED Pump was removed and well was filled from T.D. of 87' to within 25' of grade with chlorinated well gravel. at 25' level, concrete plug was poured back up to within 20' of grade. after concrete hardened, remainder of well bore was filled to ground level with natural material W.B. Russell			8. Use: Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other _____		
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. _____		
			10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
			11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____		
			14. Well head completion: _____ Pitless adapter _____ Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete _____ Depth: From 20 ft. to 25 ft.		
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No		
			17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____		
18. Elevation:			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. Rayne Western - 102 Business name _____ License No. _____ Address 1010 W. 39TH K.C. MO Signed W.B. Russell Date 7-8-76 Authorized representative		
19. Remarks: Topography: _____ Hill _____ Slope _____ Upland <input checked="" type="checkbox"/> Valley					

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

Form WWC-5