

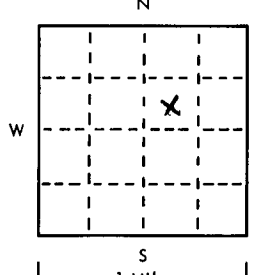
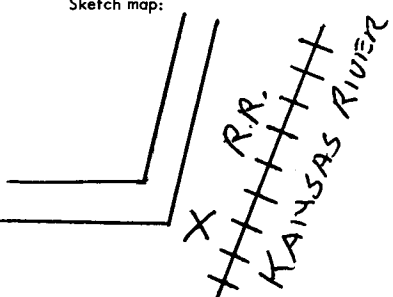
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

SW

1 Location of well:	County WVANDOTTIE	Township name DELEVARE	Fraction SW NE	Section number 22	Town number 115	Range number 25E
Distance and direction from nearest town or city: K.C. KANSAS			3 Owner of well: CORP OF ENG.			
Street address of well location if in city: # 8 SYSTEM ST ADAMS & OSAGE			Address: K.C., MO.			
Locate with "X" in section below: 			Sketch map: 			4 Well depth: 98 ft. Date of completion 8/6/74 Well diameter 30 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	
			SANDY CLAY WITH CINDERS, BRICKS 0 18		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"/> RELIEF	
			SILTY CLAY WITH SAND BROWN 18 36		7 Casing: Material EMULS Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 10 in. Diam. 12 in. Weight 96 lbs./ft. 12 in. to 96 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			MED COARSE SAND BROWN 36 69		8 Screen: Manufacturer FIBERGLASS RESOURCES Type SLOTTED Dia. 12 " Slot/gauze 1/16 " Length 33 Set between 96 ft. and 43 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 12	
COARSE SAND BROWN 69 98			9 Static water level: 28 ft. below land surface Date _____			
			10 Pumping level below land surfaces: 33 ft. after 4 hrs. pumping 560 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 600 g.p.m.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date 7/27/75			
			12 Well head completion: NONE <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 type="checkbox"/> _____ Depth: From 40 ft. to 16 ft.			
			14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			15 Pump: NONE <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			
16 Remarks: elevation 763 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			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. LAYNE-WESTERN 149 Business name License No. Address 1010 W 39TH KC. MO. Signed [Signature] Date 6/1/76 Authorized representative			

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

Form WWC-5