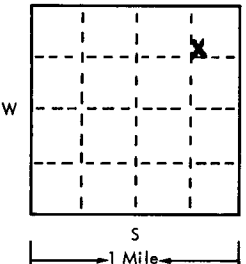
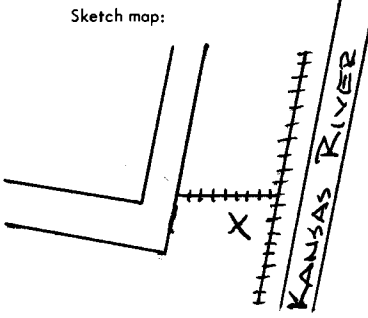


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

1 Location of well:	County WYANDOTTE	Township name DELEWARE	Fraction SW NE NE	Section number 22	Town number 115	Range number 25E	
Distance and direction from nearest town or city: KANSAS CITY, KAN. * 12 SYSTEM I Street address of well location if in city: ADAMS & OSAGE			3 Owner of well: CORP OF ENGINEERS Address: KANSAS CITY, MISSOURI				
Locate with "X" in section below: 			Sketch map: 			4 Well depth: 81 ft. Date of completion 7/24/74 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		
					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		
					7 Casing: Material FRP Height: 9 ft. below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 9 in. Diam. 12 in. to 80 ft. depth Weight 1200 lbs./ft. 12 in. to 80 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
					8 Screen: Manufacturer FIBERGLASS RESOURCES Type SLOTTED Dia. 12 in. Slot/gauze 1/16 Length 30 Set between 80 ft. and 35 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2		
					9 Static water level: 23 ft. below land surface Date 8/13/75		
(use a second sheet if needed)					10 Pumping level below land surfaces: 26 ft. after 4 hrs. pumping 940 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 1200 g.p.m.		
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
					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 checked="" type="checkbox"/> CONCRETE Depth: From 32 ft. to 9 ft.		
					14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16 Remarks: elevation 748 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					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		
					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 CO. 149 Business name License No. ____ Address 1010 W. 39TH ST. Signed A. Allen Date 6/1/76 Authorized representative		

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

Farm WWC-5

11 25E 22 SW NE NE

748
81
667