PEWRITER C	R BALL
POINT PEN-PRESS	FIRMLY,
PRINT CLEARLY.	*

WATER WELL RECORD KSA 82a-1201-1215

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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: WYANDOTTE	Township name DELEWARE	Fraction SV NE NE	Secti	on number	r Town number Range number 25 E	
Distance and direction from nearest town or city: KANSAS CITY, KANSAS Owner of well: CORP OF ENGINEERS *13 SYSTEMI Address: Address:						
Locate with "X" in section below:	Sketch map:	ALROAD		KAN	4 Well depth: 102 ft. Date of completion 2/21/7	
W	SAMBO'S		7		Well diameter in. 5	
2 Тур	e and color of material		From	То	in. to ft. depth 8 Screen:	
SANDY SILT WIT	H CINDER	s & Brick	0	9	Manufacturer FIBERGLASS RESOURCES Type SLOTTED Dia. 12" Slot/gauze 1/16" Length 331	
SILT BR	OWN		9	25	Set between <u>47</u> ft. and <u>39</u> ft	
SANDY SILT	GRAT		25	36	Fittings: Gravel pack Yes No Size range of material	
MEDIUM SAUD	GRAY		36	65	9 Static water level: 32 ft. below land surface Date	
MEDIUM SAND	T CLAY C	TATE	65	71	10 Pumping level below land surfaces: 365 ft. after 4 hrs. pumping 110 g.p.m.	
LOARSE SAND	GRAY		71	102	1	
			ļ		11 Water sample submitted:	
	W		+		12 Well head completion: HO Pitless adapter Inches above grade	
					13 Well grouted? Yes No Neat cement Bentonite CONCRETE Depth: From 26 ft. to 21 ft.	
					14 Nearest source of possible contamination:	
					ft Direction Type Well disinfected upon completion? Yes No	
				_	15 Pump: Not installed Manufacturer's name	
					Model number HP Volts Length of drop pipe ft. capacity g.m.p.	
					Type: ☐ Submersible ☐ Turbine	
(use	a second sheet if needed)				☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other	
16 Remarks: elevation 757 Topography:					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.	
☐ Hill ☐ Slope ☐ Upland ☐ Valley					Business name Address Signed Authorized representative License No. Date	

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

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