

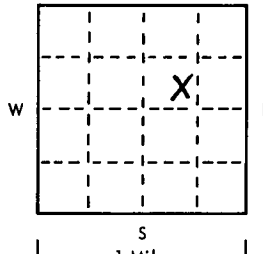
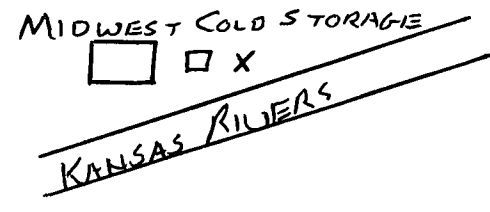
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

SE

1 Location of well:	County WYANDOTTE	Township name DELEWARE	Fraction S. W. N. E.	Section number 22	Town number 115	Range number 25E
Distance and direction from nearest town or city: K.C. KANSAS Street address of well location if in city: H 7 SYSTEM I			3 Owner of well: CORP OF ENG. Address: K.C., MO.			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: MIDWEST COLD STORAGE  KANSAS RIVERS			4 Well depth: 89 ft. Date of completion 10/18/75 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 FBGLS Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. Diam. 12 in. to 94 ft. depth Weight <input type="checkbox"/> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			8 Screen: Manufacturer FIBERGLASS Type SLOTTED Dia. 12" Slot/gauze 1/16" Length 37 Set between 65 ft. and 30 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material -1/2			
			9 Static water level: 31 ft. below land surface Date 7/25/75			
FINE SANDY SILT WITH BRICKS CINDERS			0	16	10 Pumping level below land surfaces: 35 ft. after 4 hrs. pumping 460 g.p.m. ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 500 g.p.m.	
CLAY GRAY			16	35	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
FINE SAND BROWN			35	50	12 Well head completion: NONE <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
MED SAND "			50	65	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> CONCRETE Depth: From 28 ft. to 15 ft.	
SANDY CLAY "			65	70	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MED SAND "			70	89	15 Pump: NONE <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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 758 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 K.C. MO Signed [Signature] Date 6/11/76 Authorized representative			

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

Form WWC-5

11 25E 22 SESW NE