

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

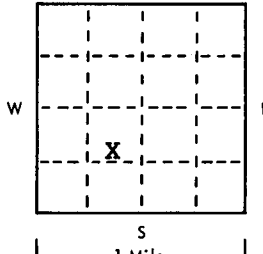
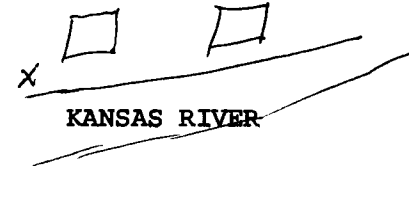
WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Farbes-Bldg. 740
Topeka, Kansas 66620

DBB

this one
Entered

1 Location of well:	County Wyandotte	Township name Delaware	Fraction NE SW	Section number 22	Town number 11S	Range number 25E	
Distance and direction from nearest town or city: Kansas City, KS			3 Owner of well: Corp of Engineers				
Street address of well location if in city: 1 System I Packard & Lucille			Address: Kansas City, Missouri				
Locate with "X" in section below: 			Sketch map: MIDWEST COLD STORAGE 			4 Well depth: 100 ft. Date of completion 9-17-74 Well diameter 30 in.	
2 Type and color of material			From		To		
			Silty sand, brown		0	25	
			Fine sand, brown		25	33	
			Sandy clay, brown n		33	38	
			Coarse sand, brown		38	92	
					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 type="checkbox"/> Relief		
					7 Casing: Material Fbgls Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 10' in. Diam. _____ Weight _____ lbs./ft. _____ 12 in. to 97 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
					8 Screen: Manufacturer Fiberglass Resource Type Slotted Dia. 12" Slot/gauze 1/16" Length 40 Set between 92 ft. and 43 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2		
					9 Static water level: 34 ft. below land surface Date 7/15/75		
					10 Pumping level below land surfaces: 40 ft. after 4 hrs. pumping 840 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 900 g.p.m.		
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
					12 Well head completion: <input type="checkbox"/> Pitless adapter NO <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"/> Concrete Depth: From 36 ft. to 10 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 753.5 758 from map			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 C. Allen Date 6/17/76 Authorized representative				

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

Form WWC-5

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