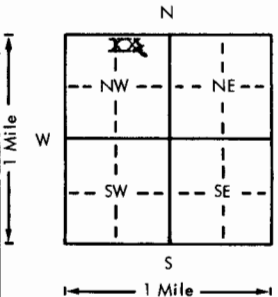


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

| | | | | | | |
|--|--|------------------------------|--|-----------------------------|--|----------------------------------|
| 1. Location of well: | | County Leavenworth | Fraction NW SE NW 1/4 NE 1/4 NW 1/4 | Section number 30 | Township number 12 T S R | Range number 21 E W |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: 1 mile west of Fall Leaf, Kansas | | | 3. Owner of well: R.R. or street: City, state, zip code: | | | |
| 4. Locate with "X" in section below:  | | | Sketch map: | | 6. Bore hole dia. <u> </u> in. Completion date 10-6-77 Well depth <u>97</u> ft. | |
| 5. Type and color of material | | | From | To | 7. <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary | |
| Top Soil | | | 0 | 5 | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | |
| Sandy Clay | | | 5 | 11 | 9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>8</u> in. to <u>48</u> ft. depth Wall Thickness: <u> </u> inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>10 gage</u> | |
| Sand | | | 11 | 41 | 10. Screen: Manufacturer's name NONE Type <u> </u> Dia. <u> </u> Slot/gauze <u> </u> Length <u> </u> Set between <u> </u> ft. and <u> </u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? NO Size range of material <u> </u> | |
| Sand & Gravel | | | 41 | 45 | 11. Static water level: <u> </u> mo./day/yr. <u>25</u> ft. below land surface Date 10-6-77 | |
| Sandstone | | | 45 | 61 | 12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>5</u> g.p.m. | |
| Lime | | | 61 | 64 | 13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u> | |
| Sandy Shale | | | 64 | 71 | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade | |
| Lime | | | 71 | 83 | 15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>15</u> ft. | |
| Shale | | | 83 | 93 | 16. Nearest source of possible contamination: ft. <u>150'</u> Direction <u>east</u> Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Lime | | | 93 | 97 | 17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Jacuzzi Model number 5SLB HP 1/2 Volts 220 Length of drop pipe <u>80</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | |
| (Use a second sheet if needed) | | | | | 18. Water well contractor's certification: <input checked="" type="checkbox"/> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. BREUER, INC. <u>174</u> Business name License No. Address Box 147, Basehor, Ks. 66007 Signed <u>[Signature]</u> Date 1-16-80 | |
| 18. Elevation: 860 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | 19. Remarks: | | | | |

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5