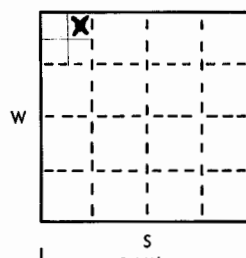
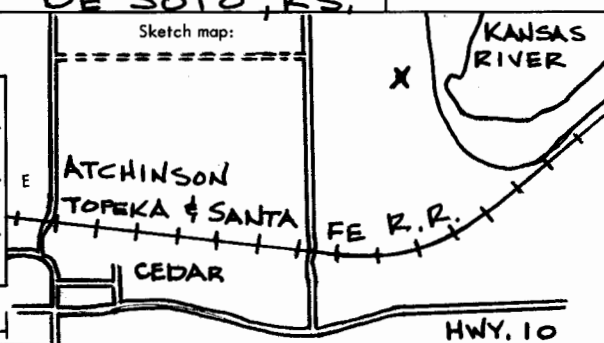


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1 Location of well:	County <b>JOHNSON</b>	Township name <b>NE NW NW</b>	Fraction <b>NW 1/4 NW 1/4 NE 1/4</b>	Section number <b>25</b>	Town number <b>12 S.</b>	Range number <b>22 E.</b>
Distance and direction from nearest town or city: <b>2 1/4 MILES EAST &amp; 1/2 MILE NORTH OF DE SOTO, KS.</b>				3 Owner of well: <b>CITY OF OLATHE, KS.</b>		
Street address of well location if in city: <b>DE SOTO, KS.</b>				Address:		
Locate with "X" in section below: 				Sketch map: 		
2 Well No. 6				4 Well depth: <b>64.75</b> ft. Date of completion <b>8-30-76</b> Well diameter <b>50</b> in.		
Type and color of material				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		
TOPSOIL				6 Use: <input type="checkbox"/> Domestic <input checked="" 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"/>		
BROWN SILTY CLAY				7 Casing: Material <b>STEEL</b> Height: <input checked="" type="checkbox"/> above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>60</b> in. Diam. <b>26</b> in. to <b>39.8</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
BROWN VERY FINE SAND				8 Screen: Manufacturer <b>LAYNE &amp; BOWLER</b> Type <b>SAUTTER</b> Dia. <b>26"</b> Slot/gauze <b>1 GA.</b> Length <b>25'</b> Set between <b>39.8</b> ft. and <b>64.8</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
BROWN FINE TOMED. SAND & CLAY BALLS				9 Static water level: <b>24.58</b> ft. below land surface Date <b>8-12-76</b>		
MEDIUM TO FINE CLAY BALLS				10 Pumping level below land surfaces: <b>30.92</b> ft. after <b>1</b> hrs. pumping <b>1212</b> g.p.m. <b>31.42</b> ft. after <b>6</b> hrs. pumping <b>1212</b> g.p.m. Estimated maximum yield <b>950</b> g.p.m.		
MEDIUM TO COARSE SAND & GRAVEL				11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>8-23-76</b>		
SHALE				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
(use a second sheet if needed)				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>20</b> ft.		
16 Remarks: elevation <b>APPROX. 780'</b>				14 Nearest source of possible contamination: <b>UNKNOWN</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				15 Pump: <input checked="" 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		
				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. <b>LAYNE-WESTERN Co. 149</b> Business name _____ License No. _____ Address <b>1000 W. 39th - K.C. Mo.</b> Signed <b>Don D. Hagg</b> Date <b>9/27/76</b> Authorized representative		

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

Form WWC-5