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De Soto

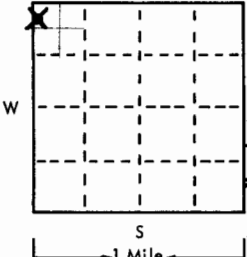
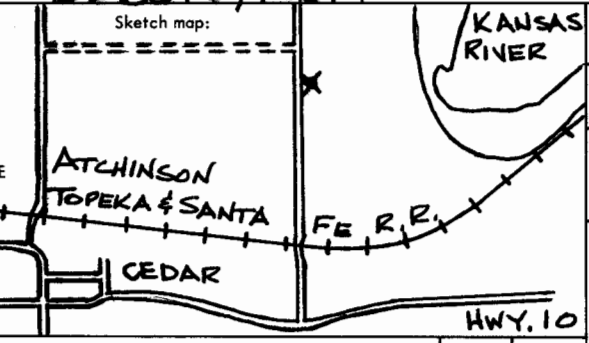
To BWS  
6-8-79

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

1 Location of well:	County <b>JOHNSON</b>	Township name	Fraction <b>NW 1/4 NW 1/4 NW 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 DESOTO, KS.</b>			3 Owner of well: <b>CITY OF OLATHE, KS</b>			
Street address of well location if in city:			Address:			
Locate with "X" in section below: 			Sketch map: 			4 Well depth: <b>64.2</b> ft. Date of completion <b>8-4-76</b> Well diameter <b>50</b> in.
2 WELL No. 5 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 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"/>	
TOPSOIL 0 1.5' BROWN SANDY SILTY CLAY 1.5' 9' BROWN FINE TO VERY FINE SAND 9' 20' BROWN MEDIUM TO FINE SAND 20' 29' GRAY SANDY SILT 29' 40' GRAY MEDIUM TO COARSE SAND WITH SOME CLAY & FINE SAND 40' 42' GRAY MEDIUM TO COARSE SAND w/BOULD- 42' 45' GRAY COARSE SAND TO GRAVEL BOULDERS 45' 64' LIMESTONE 64' 64.2'			7 Casing: Material <b>STEEL</b> Height: <b>above</b> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>28</b> in. Diam. <b>26</b> in. to <b>42</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth		8 Screen: Manufacturer <b>LAYNE &amp; BOWLER</b> Type <b>SHUTTER</b> Dia. <b>26"</b> Slot/gauze <b>7 GA.</b> Length <b>20'</b> Set between <b>42</b> ft. and <b>62</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ___	
					9 Static water level: <b>27'-9"</b> ft. below land surface Date <b>8-4-76</b>	
(use a second sheet if needed)			10 Pumping level below land surfaces: <b>34.56</b> ft. after <b>1</b> hrs. pumping <b>1016</b> g.p.m. <b>34.87</b> ft. after <b>6</b> hrs. pumping <b>992</b> g.p.m. Estimated maximum yield <b>250</b> g.p.m.		11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>8-12-76</b>	
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
16 Remarks: elevation <b>Approx. 780'</b>  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			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.		14 Nearest source of possible contamination: <b>UNKNOWN</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					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>1010 W 39th St - K.C. Mo.</b> Signed: <b>Don P. Hys</b> Date <b>9/29/76</b> Authorized representative						

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

Form WWC-5