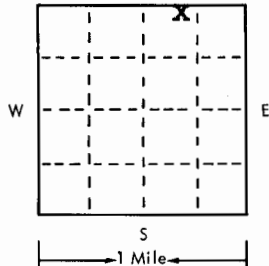


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Johnson | Township name Lexington | Fraction NE NW NE | Section number 13 | Town number T13S | Range number 22E |
| Distance and direction from nearest town or city: | | | 3 Owner of well: Peter Bliss Address: 2117 W. 50th Shawnee Mission, Kan. | | | |
| Street address of well location if in city: | | | | | | |
| Locate with "X" in section below: N  W E S 1 Mile | | | Sketch map: | | | 4 Well depth: 160 ft. Date of completion: 4-23-75 Well diameter: 7 7/8 |
| 2 Type and color of material | | | From | To | 5 <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 | |
| clay | | | 0 | 4 | 6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> DRY | |
| lime | | | 4 | 6 | 7 Casing: Material none Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. Diam. <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. See below in. to <input type="checkbox"/> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| shale | | | 6 | 23 | 8 Screen: Manufacturer none Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <input type="checkbox"/> | |
| lime | | | 23 | 40 | 9 Static water level: none ft. below land surface Date <input type="checkbox"/> | |
| shale | | | 40 | 55 | 10 Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield Dry g.p.m. | |
| lime | | | 55 | 115 | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> | |
| shale | | | 115 | 160 | 12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade | |
| (use a second sheet if needed) | | | | | 13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 40 ft. to 25 ft. | |
| 16 Remarks: elevation | | | 14 Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | 15 Pump: none <input type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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 | | | |
| Dry hole - plugged with neat cement from 40' to 25' starter pipe was removed | | | 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. Cullum & Brown, Inc. Business name License No. 64116 Address N. Kansas City, Mo. Signed [Signature] Date 7/2/75 Authorized representative | | | |

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

Form WWC-5