

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

SW NE SW CAC

1 Location of well:	County <b>Johnson</b>	Township name	Fraction <del>NE 1/4 NW 1/4 SW 1/4</del>	Section number <b>20</b>	Town number <b>14</b>	Range number <b>25E</b>
---------------------	--------------------------	---------------	---	-----------------------------	--------------------------	----------------------------

Distance and direction from nearest town or city:

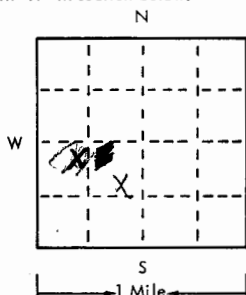
3 Owner of well: **Chemagro**

Street address of well location if in city:

Address: **4913 Kansas City, Missouri 64120**

Locate with "X" in section below:

Sketch map:



brush water @  
40-50 feet  
25-30 gpm. in offset  
well which had no  
gas and was  
plugged.

4 Well depth: **640** ft. Date of completion **7-14-75**  
Well diameter **2 1/8** in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug  
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry  
☐ Irrigation ☐ Air conditioning ☒ Commercial  
☐ Test well

7 Casings: Material **steel** Height: above/below  
Threaded ☐ Welded ☒ Surface ☐ in.  
Diam. **2 1/8** in. to **22** ft. depth Drive shoe? ☐ Yes ☒ No  
in. to ☐ ft. depth

8 Screen:  
Manufacturer **None**  
Type ☐ Dia. ☐  
Slot/gauze ☐ Length ☐  
Set between ☐ ft. and ☐ ft.  
Fittings:  
Gravel pack ☐ Yes ☐ No Size range of material ☐

9 Static water level: ☒  
ft. below land surface Date ☐

10 Pumping level below land surfaces:  
ft. after ☐ hrs. pumping ☐ g.p.m.  
ft. after ☐ hrs. pumping ☐ g.p.m.  
Estimated maximum yield **no** g.p.m.

11 Water sample submitted:  
☐ Yes ☒ No Date ☐

12 Well head completion:  
☐ Pitless adapter ☒ inches above grade **24"**

13 Well grouted? ☒ Yes ☐ No  
☒ Neat cement ☐ Bentonite ☐  
Depth: From **22** ft. to **0** ft.

14 Nearest source of possible contamination:  
ft. Direction ☐ Type ☐  
Well disinfected upon completion? ☐ Yes ☒ No

15 Pump: ☒ Not installed  
Manufacturer's name ☐  
Model number ☐ HP ☐ Volts ☐  
Length of drop pipe ☐ ft. capacity ☐ g.m.p.  
Type:  
☐ Submersible ☐ Turbine  
☐ Jet ☐ Reciprocating  
☐ Centrifugal ☐ Other

16 Remarks: elevation

Topography:

☐ Hill  
☐ Slope  
☐ Upland  
☒ Valley

**900'** well drilled for gas. Plugged  
back to 376'. Packer set  
at 320'. Completed as a  
**Gas Well.**

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** **121**  
Business name License No.  
Address **121**  
Signed **[Signature]** Date **7-30-75**  
Authorized representative

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

Form WWC-5

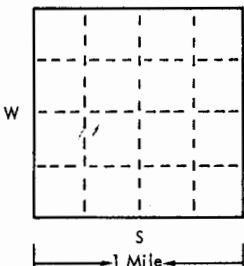
BR = 880

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

WATER WELL RECORD  
KSA 82a-1201-1215

1 2 3 4 5 6 7 8 9 10  
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	Township name	Fraction	Section number	Town number	Range number
Distance and direction from nearest town or city:  Street address of well location if in city:				3 Owner of well:  Address:		
Locate with "X" in section below: <div style="text-align: center;">N  S W E 1 Mile</div>				Sketch map:		
2				Type and color of material	From	To
				lime	167	170
				shale	170	200
				shale	200	230
				sandy shale	230	240
				shale	240	260
				shale	260	295
				red bed	295	301
				lime	301	305
				shale	305	316
				lime	316	325
				shale	325	344
				lime	344	348
				slate	348	350
				lime	350	356
				shale	356	360
				(use a second sheet if needed)		
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in. 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 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"/> _____ 7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth 8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ 9 Static water level: _____ ft. below land surface Date _____ 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. 11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ 12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade 13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft. 14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No 15 Pump: <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 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.  Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative		

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

Form WWC-5

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

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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
Distance and direction from nearest town or city:  Street address of well location if in city:				3 Owner of well:  Address:		
Locate with "X" in section below: <div style="text-align: center;"> </div>				Sketch map:  4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in. 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 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"/> _____ 7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
2				Type and color of material		
				From	To	
shale				360	364	
red bed				364	375	
shale				375	378	
lime				378	379	
slate				379	381	
shale				381	405	
sandy shale				405	420	
s. shale				420	450	
shale				450	505	
lime & shale				505	510	
shale				510	520	
shale black				520	535	
sandy shale				535	540	
s. shale				540	560	
s. shale				560	600	
(use a second sheet if needed)						
16 Remarks: elevation				17 Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative		

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

Form WWC-5

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

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