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WATER WELL RECORD KSA 82a-1201-1215

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

		,				
	County	Fraction 1	Secti	on number	Township number	Range number
1. Location of well:	Jefferson	NW 1/4NW 1/4 NE			1 8 s	R 76 dw
2. Distance and dire	action from nearest town or city: 3	nry J. Lerman 22 Allen Roli				
Street address of well location it in city: Den. 501, Ks City, state, zip code: Independence, Mo. 64050						
4. Locate with "X" in section below: Sketch map:					6. Bore hole dia. 10 in Well depth ft.	. Completion date
					7 Cable tool _XRotary	
					V	Bored Reverse rotary
E X well						ir conditioning Stock
SW SE					9. Casing: Material Pro	
150' Majoral					Threaded Welded	ISurfacein.
S heterds					Dia. 5 in. to 80 ft. dep	7 Weight <u>2.74</u> lbs./ft. hth Wall Thickness: inches or
5. Type and color of	material		Fron	n To	Dia in. to ft. dep	th gage No. 1238
Top Soil)	Type Pi'C	000
			1	(0	Souze 020	Length 30
	Brown Clay				Set betweenft. c	ft. and <u>65</u> ft.
Brown Fine Sandy Clay			10		Gravel pack? Size ra	mge of material mo./day/yr.
Brown Clay			1.5	34	_30_ft, below land sur	face Date 7-17-78
	Jellow Sandy C	Franky Clay	34	138	12. Pumping level below land	d surfaces: A - test
Yellow Corge Sand to Corse Graves			wel 3	46	!	hrs.pumpingg.p.m.
	Gray Clay		46	.6(13. Water sample submitted:	mo./day/yr.
	hime stone of	Shole	61	80	Yes No	Top Cope
					Pitless adapter	Inches above grade
						Bentonite Concrete
					Depth: Fromft. to	
					ft. 150 Direction 5	Type Laterate
					Well disinfected upon comple	YesNo
					Manufacturer's name	HP Volts
					Length of drop pipe	
					Type: Submersible	Turbine
	(Use a second s	heet if needed)			Jet Centrifugal	Reciprocating Other
18. Elevation: 19. Remarks:					20. Water well contractor's of This well was drilled under m	
15TE to owner to install Slab					is true to the best of my know	
Topography:Hill					STRAde R DRIQ Business name	License No.
Slope					Address ATI Hol	Ton Kans
Upland Valley					Signed Authorized rep	resentative

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

Form WWC-5