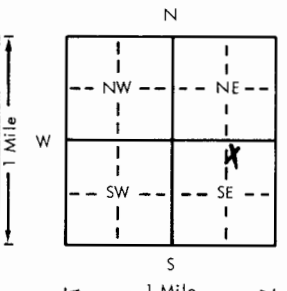
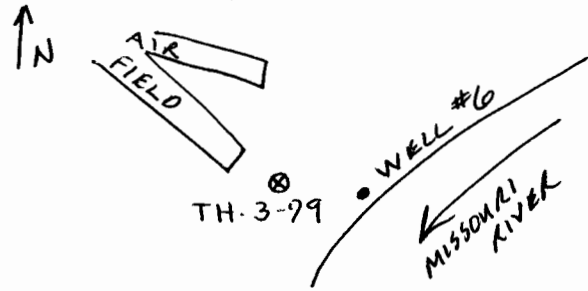


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USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

| | | | | | | | | | | | |
|--|--|---|--|--|--|-----------------------------|--|--|--|---|--|
| 1. Location of well: County: LEAVENWORTH | | Fraction: NW 1/4 NE 1/4 SE 1/4 | | Section number: 123 | | Township number: T 8 | | Range number: S R 22 E | | | |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: NONE | | | | 3. Owner of well: U.S. ARMY R.R. or street: SHERMAN ARMY AIRFIELD City, state, zip code: FT. LEAVENWORTH, KS. 66027 | | | | | | | |
| 4. Locate with "X" in section below:  | | | | Sketch map:  | | | | 6. Bore hole dia. 4 in. Completion date 8-79 Well depth 95 ft. | | 7. 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 | |
| 5. Type and color of material | | | | From | | To | | 8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other | | | |
| BROWN SILTY CLAY | | | | 0' | | 4' | | 9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC Sh 80 Weight .949 lbs./ft. Dia. 2 in. to 95 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. .218 | | | |
| BROWN FINE SAND | | | | 4' | | 19' | | 10. Screen: Manufacturer's name NONE FIELD SLOTTED Type SAW Dia. 2" Slot/gauze .025" Length 26 Set between 69 ft. and 95 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? YES Size range of material .060" | | | |
| GRAY FINE TO MEDIUM SAND | | | | 19' | | 67' | | 11. Static water level: <input type="checkbox"/> mo./day/yr. 11 ft. below land surface Date 7-20-79 | | | |
| GRAY MEDIUM TO FINE SAND | | | | 67' | | 85' | | 12. Pumping level below land surfaces: N/A <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 NONE g.p.m. | | | |
| GRAY MEDIUM TO COARSE SAND | | | | 85' | | 93' | | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 8/22/79 | | | |
| GRAY SHALE | | | | 93' | | 95' | | 14. Well head completion: <input type="checkbox"/> Pitless adapter 24 inches above grade | | | |
| | | | | | | | | 15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft. | | | |
| | | | | | | | | 16. Nearest source of possible contamination: ft. 400' Direction S.E. Type RIVER Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | | | | | 17. 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 | | | |
| | | | | | | | | 20. 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. LAYNE - WESTMAN CO. INC 102 Business name License No. _____ Address 1010 W. 39 ST. KC, MO. Signed Dan D. Higgins Date 5/19/80 Authorized representative | | | |
| 18. Elevation: ok 1780 rd | | 19. Remarks: OBSERVATION WELL NO. TH 3-79 REFER TO LEAVENWORTH QUADRANGLE AND YOU WILL SEE OUR DIFFICULTY IN ESTABLISHING LEGAL DESCRIPTION | | | | | | | | | |

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

Form WWC-5

BR = 697 7 - 769

T 8
R 22
W 12
E S E
1/4 1/4 1/4