

285

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 | Fracture NE SE SE 1/4 1/4 1/4 | Section number 8 | Township number T 9 S R 22 E 4W | Range number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|----------|---|---|-------------|---|----|------|----|----|---------------|----|----|------|----|----|-------|----|----|------|----|----|-------|----|----|------|----|----|-------|----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 2. Distance and direction from nearest town or city: Street address of well location if in city: 2 1/2 miles west of Leavenworth, Ks. | | | | 3. Owner of well: R.R. or street: City, state, zip code: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Locate with "X" in section below: Sketch map: | | | | 6. Bore hole dia. 8 in. Completion date 8-8-79 Well depth 100 ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 7. <input checked="" 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Type and color of material | | | | 8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Material</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>Top Soil</td><td>0</td><td>3</td></tr> <tr><td>Clay & Sand</td><td>3</td><td>20</td></tr> <tr><td>Clay</td><td>20</td><td>28</td></tr> <tr><td>Sand & Gravel</td><td>28</td><td>33</td></tr> <tr><td>Lime</td><td>33</td><td>47</td></tr> <tr><td>Shale</td><td>47</td><td>55</td></tr> <tr><td>Lime</td><td>55</td><td>58</td></tr> <tr><td>Shale</td><td>58</td><td>68</td></tr> <tr><td>Lime</td><td>68</td><td>72</td></tr> <tr><td>Shale</td><td>72</td><td>100</td></tr> </tbody> </table> | | | | Material | From | To | Top Soil | 0 | 3 | Clay & Sand | 3 | 20 | Clay | 20 | 28 | Sand & Gravel | 28 | 33 | Lime | 33 | 47 | Shale | 47 | 55 | Lime | 55 | 58 | Shale | 58 | 68 | Lime | 68 | 72 | Shale | 72 | 100 | 9. Casing: Material PL Weight: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 102 depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. .265 | | |
| Material | From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Top Soil | 0 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clay & Sand | 3 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clay | 20 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sand & Gravel | 28 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lime | 33 | 47 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shale | 47 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lime | 55 | 58 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shale | 58 | 68 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lime | 68 | 72 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shale | 72 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 10. Screen: Manufacturer's name (Slotted Pipe) Vinylplex, Inc. Type PVC Dia. 5" Slot/gauze .06 1/16 Length 25' Set between 28 ft. and 33 ft. 80 ft. and 100 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4-1/8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 11. Static water level: <input type="checkbox"/> mo./day/yr. 20 ft. below land surface Date 8-8-79 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 12. 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 10 g.p.m. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 Inches above grade | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 15 ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 16. Nearest source of possible contamination: ft. 210 Direction south Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Iacuzzi Model number 5S4B HP 1/2 Volts 220 Length of drop pipe 90 ft. capacity 10 g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Elevation: 1113 | | 19. Remarks: | | 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. BREUER, INC. 174 Business name License No. Address Box 147, Basehor, Ks. Signed [Signature] Date 8-2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

Form WWC-5