

04 25

weight bars
font known

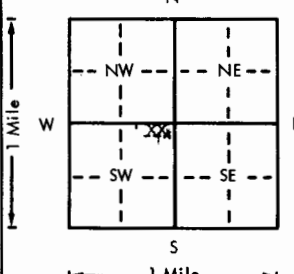
7

see 9?

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 NE 1/4 NE 1/4 SW 1/4	Section number 15	Township number T 9 S R	Range number 22 E/W		
2. Distance and direction from nearest town or city: 1 1/2 mile west of Leavenworth on Rt. 34			3. Owner of well: Mr. James Phillips R.R. or street: 1413 10th Avenue Leavenworth, Kansas City, state, zip code:					
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 			6. Bore hole dia. 8 in. Completion date 8-29-76 Well depth 120 ft.		
5. Type and color of material			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			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		
			9. Casing: Material PL2 Height: 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. 0 in. to 121 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 258			10. Screen: Manufacturer's name (SLOTTED PIPE) Vinylplex, Inc. Type PVC Dia. <input type="checkbox"/> Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between 60 ft. and 78 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 - 1/8		
Top Soil - Light			From 0 To 1			11. Static water level: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> ft. below land surface Date 8-29-76		
Clay - Yellow			From 1 To 10			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 1 1/2 g.p.m.		
Sandstone * Yellow			From 10 To 45			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <input type="checkbox"/>		
Sandstone - Light Yellow			From 45 To 78			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 Inches above grade		
Sandy Shale - Blue			From 78 To 120			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 23 ft.		
						16. Nearest source of possible contamination: ft. 100 Direction west 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 Jacuzzi Model number 5S4B HP 1/2 Volts 220 Length of drop pipe 110 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		
(Use a second sheet if needed)						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 Bagehor, Ka. 6600 Signed [Signature] Date 8-31-76 Authorized representative		
18. Elevation:		19. Remarks:						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								

- 9 2 20 15 NE NESW
T R W N
Sec 1/4 1/4 1/4

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

Form WWC-5